

Girl Scouts of Western Washington  
**Transportation Card**

If you will be driving for Girl Scout activities, please complete the information on this form and return it to the troop leader. In the event of an accident, the insurance carried by the owner of the vehicle is the primary applicable insurance. When transporting anyone in private vehicles, during Girl Scout activities or on Girl Scout business, all passengers must have their own seats or booster seats and wear individual seatbelts. All drivers must be at least 19 years old and have had their licenses for at least 3 years. Thank you for helping to make Girl Scouting a safe activity.

Name of Driver(s): #1: \_\_\_\_\_ #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/cell/message: \_\_\_\_\_ Troop Number: \_\_\_\_\_

Driver's license(s) : Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Auto Insurance Company: Name: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Auto Insurance Company: Name: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Driver's Age: #1 \_\_\_\_\_ #2 \_\_\_\_\_ Licensed for how many years? #1 \_\_\_\_\_ #2 \_\_\_\_\_

**SEE REVERSE SIDE**

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**SEE REVERSE SIDE**

Side 2

Vehicle	Year	Make	License #	Type (van, etc)	# of seatbelts	Registration current?
#1						
#2						
#3						

I/we understand and agree to the Girl Scout transportation policies stated here. Policies regarding booster seats and other driving issues can be found in *Safety-Wise* and the *GSSW Volunteer Guide*.

Have you had two or more moving violations in the past 5 years or one or more DUI's or other driving related criminal convictions in the past 7 years?

Driver # 1:  Yes  No                      Driver #2:  Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note to leaders: Please contact your area manager before transporting others if you or anyone else checks "Yes" to the boxes above.



Side 2

Vehicle	Year	Make	License #	Type (van, etc)	# of seatbelts	Registration current?
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Driver # 1:  Yes  No                      Driver #2:  Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note to leaders: Please contact your area manager before transporting others if you or anyone else checks "Yes" to the boxes above.

