



Annual Roadrunner Certification



☐ **EXISTING** Roadrunner

☐ **NEW** Roadrunner

PERSONAL INFORMATION

- Name as it appears on driver's license _____
- Home address _____
- Date of birth _____ Social Security # (required by NCDMV) _____
- Email _____ Phone # _____
- Last medical examination on (date) _____ with (dr's name) _____
shows that I am in good health, possess good hearing, and have vision of at least 20/40
- In case of emergency, contact _____ at (phone #) _____

DRIVING INFORMATION

- Driver's license number _____ issued by the state of _____
and expires on _____
- Have you had any motor vehicle violations in the last 12 months (check one): ☐ Yes ☐ No

If yes, please explain _____

- Have you been involved in a motor vehicle accidents in the last 12 months (check one): ☐ Yes ☐ NO

If yes, please explain _____

INSURANCE INFORMATION

- Motor vehicle liability insurance policy number is _____
through (company name) _____ for (amount) _____

I am volunteering to drive patients, and their parents/guardians, being treated at a Shriners Children's hospital and reside within the Oasis headquarter district. I will obey the law and rules of the road, will use a safety harness, and ensure all occupants in the vehicle use a safety harness. If requested by the Potentate, I am willing to participate in any temple sponsored defensive driving program or any temple sponsored medical examination geared to hospital vehicle drivers. I authorize the Oasis Recorder, or his designee, to verify my driving record with appropriate state and local authorities.

Signature _____ Date _____