



CATHEDRAL OF FAITH BAPTIST CHURCH
VAN USE FORM

Name of Ministry _____

Ministry Director _____ Phone # _____

Name of Person Requesting Van _____ Phone# _____

Home # _____ Work # _____ Cell # _____

Reason For Van Use _____

Date(s) of the Event _____

Departure Time _____ AM PM Return Time _____ AM PM

Name OF Van Driver(s) for Event _____ Phone# _____

(The driver must be approved, which means he/she is listed as a driver on the church's auto insurance.)

How many people will be riding the van, including the driver? _____

Have you contacted the Director of Van Ministry? Yes No

Signature _____ Date _____

FOR OFFICE USE ONLY

Received in Church Office by: _____ Date rec'd _____

Director of Van Ministry approved usage? Yes No Date approved _____

Signature of Van Ministry Director: _____

Van driver approved by Van Ministry Director? Yes No Date approved _____

Name of Driver if different from above: _____

Van Assignment: _____ Van #1 (2001 model) _____ Van #2 (2016 model)

Date Ministry/Group Notified: _____ Notified by: _____

Was the van returned in the same or acceptable condition? Yes No