

# WFMC Vehicle Request Form

**1 QUANTITY OF VANS NEEDED\***  
*(Check how many vans are needed.)*  
 1     2     3     4

And/Or:  
 Trailer 1  
 Trailer 2

Driver(s) for vans requested:  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Vans are assigned by availability and priority of use.  
 Trailers are assigned by availability and need.

**2 PERSON / GROUP REQUESTING USE**

\_\_\_\_\_  
**Name / Group**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email**

**3 EVENT NAME / PURPOSE**

\_\_\_\_\_  
 \_\_\_\_\_

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

Destination: \_\_\_\_\_

**4 MULTIPLE DATES**  
 Day of Week, Starting - Ending  
 (e.g., Thursdays, Jan - Mar)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5 VEHICLE PICKUP**

\_\_\_\_\_  
**Date (include day of week)**

\_\_\_\_\_  
**Time (am/pm)**

**6 VEHICLE RETURN**

\_\_\_\_\_  
**Date (include day of week)**

\_\_\_\_\_  
**Time (am/pm)**

## GENERAL RULES *(please read and check)*

- I understand that **it is my responsibility to acquire and return the vehicle key(s) during office hours**, Monday - Friday, 8:30 am - 4:00 pm, or by appointment on Wednesday evenings.
- I agree to operate the vehicle(s) in a safe manner, including obeying all posted speed limits, properly using passenger restraints, not texting, and using the cell phone only with a hands-free set.
- I will return the vehicle(s) clean and ready for use** by the next group, **including fueling** (if under a half-tank), and will park it in its designated parking space.
- For **out-of-area trips**, I will do the appropriate pre-trip and post-trip inspections, using the VEHICLE INSPECTION CHECKLISTS form received at key pickup.
- I will document any operational issues, damage to the vehicle, or accidents on the **VEHICLE INSPECTION CHECKLISTS** form, returning it to the church office as soon as possible after trip completion, along with the vehicle keys.

**I have read and agree with the Vehicle Management Policy and the rules listed above.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

<i>OFFICE USE ONLY</i>	<i>STAFF ASSISTANT USE ONLY</i>
Pastoral Staff _____	Date Received _____ Van/Trailer No(s). Assigned _____
Staff Assistant _____	Notification of Approval/Disapproval _____ Name _____ Date _____
	<input type="checkbox"/> Copy of Vehicle Management Policy has been provided to Requester.
	<input type="checkbox"/> Recorded on VEHICLE RESERVATION CALENDAR.
	Updated 05-13-2020