WFMC Vehicle Request Form

Number of Vans Needed	(1—6):	Pickup Date:	
2. Trailer 1 Traile	er 2	Return Date:	
3. Driver(s) For Vans:		Trip Destination:	
Vans / Trailers are assigned by availability and purpose of use.			
Group/Person Ro	equesting Use:		
Phone / Email: _			
Please note: Ours is a "self-cleaning" van fleet. By your signature below, you are giving your assurance that the following will be done:			
1. Vacuum van(s) upon return—floor / seats (vacuum in C200)			
2. Remove all trash			
3. Refuel			
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 - 1:00 pm, or by appointment on Wednesday evenings.			
_ 0 1	e(s) in a safe manner, including ob ll phone only with a hands-free se	beying all posted speed limits, properly uset.	sing passenger restraints,
No food or open drinks shall be consumed by passengers. Drink bottles with screw top lids are allowed.			
I will return the vehicle(s) clean, refueled and ready for use by the next party, parking it in its designated parking space.			
For out of area trips, I will de CHECKLISTS form receive		t-trip inspections, using the VEHICLE IN	SPECTION
		the vehicle, or accidents on the VEHICLE as possible after trip completion, along w	
I have read and agree to the rules Please save this document and tu			
the church office (paper or electron	ronically.) Sig	nature	Today's Date
OFFICE USE ONLY Date Received Van/Trailer No(s) Assigned			
	Notification of Approval	Disapproval	
Pastoral Staff	☐ Copy of Vehicle Poli	Name cy has been provided to Requester.	Date
Staff Assistant	□ Recorded on Vehicle		Updated 10-1-25