



**First Baptist Church of District Heights
Dr. Robert A. Manning, Senior Pastor**

Van Usage Request Form

Date of Request: _____ Ministry: _____

Representative: _____ E-mail Address: _____

Contact Phone # (Home): _____ (Cell): _____

Short description
of the vehicle use : _____

Approximate Round Trip Mileages: _____ Number of Passengers: _____

Recurring Trip?: _____ If Yes, recurrence pattern: _____

Date leaving: _____ Date returning: _____

Authorized Driver: _____

Driver's License Number and Issuing State: _____

Additional Authorized Drivers: _____

Driver's License Number and Issuing State: _____

Please Note:

- **Van to be returned in clean condition.**
- **Van fuel level is to be returned at the same level of when the trip started.**

AGREEMENT:

By signature below, Representative and Ministry agree:

- Have reviewed the Church Van Policies and Guidelines and agree to abide by them at all times during Van usage.
- Understand that Van usage may be denied.
- Acknowledge full responsibility for the use of the Van in the manner set forth in the Church Van Policies and Guidelines.

Signature: _____

Date: _____

Email Completed Form to transportation@fbcdh.org for approval.

Connecting with Communities to Cultivate STRONG Christians

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