

## Application for Church Bus Use

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St. John A.M.E. Church  
229 Church Street  
Huntsville, Al 35801

Date(s) of Use \_\_\_\_\_ Date of Request \_\_\_\_\_

Group(s) / Ministries requesting use: \_\_\_\_\_

Person responsible \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Reason for Use \_\_\_\_\_

Event being held \_\_\_\_\_

Odometer Reading \_\_\_\_\_ End of Trip \_\_\_\_\_ Beginning of Trip \_\_\_\_\_ Total Miles \_\_\_\_\_

Number of Persons Expected \_\_\_\_\_

Driver(s) Name \_\_\_\_\_ CDL Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ CDL Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ CDL Driver's License # \_\_\_\_\_

Principal Drivers' Signature \_\_\_\_\_

Check with office 24 hours before trip to obtain keys. The vehicle must be returned to the parking lot for security reasons. Problems with the vehicle must be reported to the office immediately.

For out of town trips: **All Ministries will be charged a fuel fee and gratuity fee for the bus driver.**

**Please return this form to the church office on the  
following day after the use of the church bus.**

INDEMNITY: For and in consideration of the use of the facilities of the **St. John A.M.E. Church of Huntsville, Al**, applicant, its/their/his/her members, agents and employees, each hereby does AGREE and ACKNOWLEDGE to indemnify, release, and hold harmless **St. John A.M.E. Church of Huntsville, Al**, its members, congregation, elders, trustees, employees and agents from judgment, costs or expenses (including any and all attorney's fees) , of every nature for injuries to persons, properties or either or both, arising out of or occurring in or about or in any way connected with Applicant's use of the facilities of **St. John A.M.E. Church of Huntsville, Al**.

Applicant (Signature) \_\_\_\_\_

Date \_\_\_\_\_

The applicants signature denotes that he / she has read and agrees to the usage policies found in the St John A.M.E. Church Operations and Policy Manual.

OFFICIAL USE

Calendar is Open

Yes \_\_\_\_\_

No \_\_\_\_\_

Pastor / Authorizing Board Representative \_\_\_\_\_

Date \_\_\_\_\_