

First Mount Zion Baptist Church

Van Use Request Form

Date \_\_\_\_\_

Ministry: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Work Telephone# \_\_\_\_\_

Driver \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Work Telephone# \_\_\_\_\_

Purpose of use \_\_\_\_\_

Date of use \_\_\_\_\_ Time of use \_\_\_\_\_

Destination(name & address) \_\_\_\_\_

Number of passengers (minimum 7, maximum 15) \_\_\_\_\_

Request approved by Ministry leader \_\_Yes\_\_ No Name \_\_\_\_\_

**Key pick up time**

**Facilities Office Room 342**

**Mon.-Thurs. 8:30am.-7:30am. Fri. 8:30am.-5:00pm Sat. 7:00am-1:00pm.**

**Sun. 7:00am-1:00pm**

Refer to [Transportation@Firstmountzionbc.org](mailto:Transportation@Firstmountzionbc.org) for confirmation of date of use.