

# VOLUNTEER DRIVER FORM

## Driver Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

## Vehicle That Will Be Used

If more than one vehicle is to be used, the information below must be provided for each vehicle.

Name of Owner: \_\_\_\_\_ Model of Vehicle: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_  
\_\_\_\_\_ Year of Vehicle: \_\_\_\_\_  
License Plate #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

## Insurance Information *(please provide a copy of Proof of Insurance for our files)*

Insurance Company \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_

**\*Please note:** The minimal, acceptable liability limit for privately-owned vehicles is **\$100,000/\$300,000**.

In order to provide for the safety of our students or other members of the parish/school and those we serve, we must ask each volunteer driver to answer the following true/false questions:

	True	False
1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.		
2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years.		
3. I have had no more than three moving violations or accidents in the last three years.		

**Please be aware that as a volunteer driver, your insurance is primary.**

## Certification

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility, and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

