

VOLUNTEER DRIVER FORM

1.	Driver	
Nan	ne of Driver:	Date of birth:
Add	lress:	
Pho		
Driv	vers License #:	State Issued:
2.	Vehicle	
abov	ve:	number of owner if different from the information
Yea	r, Make & Model of V	Vehicle:
		Registration expiration date:
Insp	bection expiration date:	:
	ore than one vehicle vided for each vehicle	is to be used, requested information must be e.
_	Insurance – please behalf of the Diocese.	provide the following if driving your personal vehicle
Insu	rance Company's Nar	ne:
Poli	cy number:	Expiration date:
Liab	oility Limits:	

(Minimum Limits of \$100,000/\$300,000 Required)

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In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

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.	TRUE I	<u>FALSE</u>
2. I have NOT had two or more convictions for an infraction involving drug 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 driving your personal vehicle, your insurance is primary.

Thank you for helping us with our transportation needs.

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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date

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