

A. Volunteer Driver Form

Name of Driver: _____

Address: _____

Driver's License #: _____ Province Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$1,000,000 Required)

Please provide a copy of Proof of Insurance for our files.

In order to provide for the safety of those we serve, we ask each volunteer to answer the following 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 one moving violation or collision in the last three years. | _____ | _____ |

Be aware that as a volunteer driver, your personal automobile 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. I will use an 11-15 passenger van only when I have approval from the Episcopal Director of Administrative Services at the Diocesan Centre.

Volunteer Driver Signature

Date