

VOLUNTEER DRIVER INFORMATION FORM

I. DRIVER:

Name: _____ Date of Birth: _____
 (Must be 25 or older)
 Address: _____ SS#: _____ - _____ - _____
 Phone: _____
 Driver's License #: _____ State of Issue: _____

II. VEHICLE THAT WILL BE USED:

Name of Owner: _____ Year/Make: _____
 Address of Owner: _____
 Model: _____ License Plate #: _____
 If more than one vehicle is to be used, the requested information is to be provided for each vehicle.

III. INSURANCE INFORMATION:

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company: _____
 Policy Number: _____ Expiration Date: _____
 Liability Limits of Policy*: _____
 Agent's Name and City: _____

*The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300,000 per accident. This is \$100,000 personal injury coverage and \$300,000 liability coverage. Please be aware that as a volunteer driver, your insurance is primary.

Have you been convicted of the following in the last three years:

- a) Driving under the influence of alcohol or drugs
- b) Hit and run
- c) Failure to report and accident
- d) Negligent homicide arising out of the use of a motor vehicle
- e) Using a motor vehicle for the commission of a felony
- f) Permitting an unlicensed person to drive
- g) Reckless driving
- h) Speed contest

YES	NO

In order to provide for the safety of our students, other members of the parish, and those we serve, if you answered yes to any of the above questions concerning the citations and convictions, we must disqualify you as a volunteer driver. Also, we cannot use your service as a volunteer driver if you do not have a current valid driver's license and insurance on your vehicle. It is expected that all of our volunteer drivers will abide by the Indiana seat belt law.

IV. CERTIFICATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students.

 (Volunteer Driver Signature) (Date)

Please attach copy of valid driver's license and proof of insurance to this form.

 (Church Representative Signature) (Date)