



FIRST NAME

LAST NAME

DRIVERS'S LICENSE #

STATE

VOLUNTEER DRIVER INFORMATION

Please initial each item below to verify information:

_____ I am at least 25 years of age

_____ Security background check

_____ I have completed the "Protecting God's Children" training

_____ I have a valid registration for the vehicle

_____ My vehicle is insured for minimum bodily injury liability coverage limits of at least \$100,000 per person/\$300,000 per occurrence. I understand that I am required to have the above insurance coverage in effect on any vehicle used to transport students.

_____ My vehicle is insured for minimum property damage of at least \$100,000 or a combined single limit of \$300,000. I understand that I am required to have the above insurance coverage in effect on any vehicle used to transport students.

I have car insurance with _____ company.

As a volunteer driver I will:

- be responsible to see that each student being transported in my vehicle is wearing a seatbelt
- follow the preferred route (s) to be traveled, if any
- be responsible for seeing that I have been given the emergency medical form corresponding to each student assigned to my vehicle
- observe the following cell phone policy:
Cellular phone calls, both incoming and outgoing, are not permitted at any time while driving a vehicle for diocesan business. A cellular phone's voicemail feature should be activated to store incoming calls while driving. This policy applies to both hand-held and hands-free phones.

I certify that the information given above is true. I realize that it is my responsibility to notify the parish if there is a change in any of the above information.

Signature