

Pax Christi Youth Ministry

Volunteer Driver Forms

Driver Information:

Name: _____ Date of Birth: _____
Address: _____ Primary Phone #: _____
Driver's License # _____ Date of Expiration: _____ State Issued _____

Driver Background:

In order to provide for the safety of those we serve, we must ask volunteers to answer the following questions (circle True or False):

- True or False *I have NOT had a conviction for an infraction involving drugs or alcohol (i.e. DUI or DWI) in the last three years.*
- True or False *I have NOT had two or more convictions for an infraction involving drugs or alcohol (i.e. DUI or DWI) in the last seven years.*
- True or False *I have had no more than three moving violations or accidents in the last three years.*

Vehicle that will be used:

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

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

Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. **Please be aware that as a volunteer driver, your insurance is primary.**

Insurance Company: _____
Policy #: _____
Date of Policy Expiration: _____
Liability Limits of Policy*: _____

**Please note the minimal, acceptable liability limit for privately owned vehicle is \$100,000/\$300,000*

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that 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 participants of the event. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature: _____ **Date:** _____

Thank you for helping us with our transportation needs!

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Driver Acknowledgement

Driver/Travel Guidelines

In order to provide for the safety of those we serve, we must ask volunteers to review the following guidelines and acknowledge that you intend to abide by them.

Initials _____ *I am aware I am not to operate any electronic devices while driving.*

Initials _____ *I will only use a cell phone when safely parked or during an emergency.*

Initials _____ *All passengers at all times will be required to wear a seatbelt.*

Initials _____ *Daily maximum miles will not exceed 500 per vehicle.*

Initials _____ *Maximum miles driven without at least a 30 minute break will not exceed 250.*

Initials _____ *I have phone numbers of individuals to call/contact in the event of an emergency/when needed.*

Volunteer Driver Signature: _____ **Date:** _____

Please contact Jennie Vinski if you have any questions.

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