VOLUNTEER DRIVER FORM

1.	Driver	
Nam	e of Driver:	Date of birth:
Addı	ress:	
Phon	e number:	
Drive	ers License #:	State Issued:
2.	Vehicle	
Nam abov	-	number of owner if different from the information
		Vehicle:
		Registration expiration date:
Inspe	ection expiration date	: :
	ore than one vehicle ided for each vehicl	e is to be used, requested information must be le.
	Insurance – please ehalf of the Diocese	e provide the following if driving your personal vehicle
Insur	rance Company's Na	me:
Polic	y number:	Expiration date:
Liabi	ility Limits:	
	(Minir	num Limits of \$100,000/\$300,000 Required)

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions: Appendix B (page 1 of 2)

		TRUE FALSE
1. I have NOT had a conviction for an inf drugs or alcohol (such as driving under the driving while intoxicated) in the last three	e influence or	
2. I have NOT had two or more conviction involving drug or alcohol (such as driving or driving while intoxicated) in the last set.	g under the influence	
3. I have had no more than three moving accidents in the last three years.	violations or	
Please be aware that as a volunteer drivinsurance is primary.	ver driving your pers	onal vehicle, your
Thank you for helping us with our transpo	ortation needs.	
<u>Certification</u>		
I certify that the information given on this form knowledge. I understand driving for Church in exercise extreme care and due diligence while of driver, I must be 21 years of age or older, posse and current license and vehicle registration, an effect on any vehicle. I agree that I will refrain electronic device while operating my vehicle.	ninistry is a profound res driving. I understand tho ess a valid driver's licens nd have the required inst	ponsibility and I will at as a volunteer e, have the proper urance coverage in
Volunteer Driver Signature	——————————————————————————————————————	