

VOLUNTEER DRIVER FORM

Name of Driver: _____ DOB _____

Address: _____

Driver's License #/Exp Date: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 Required)

Please provide a copy of Proof of Insurance and a copy of your drivers license for our files.

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Have you 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. Have you 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. Have you had more than three moving violations or accidents in the last three years? | _____ | _____ |

Please be aware that as a volunteer driver, your 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 handheld electronic device while driving my vehicle.

Volunteer Driver Signature

Date

(Rev 05/2025)

Please make your \$15 check payable to Holy Rosary School.