

VOLUNTEER DRIVER LICENSE BACKGROUND CHECK RELEASE
Please make \$15 check payable to Holy Rosary School

Date: _____

Name of Driver **as it appears on Driver's License:** _____

Address: _____
Street City State Zip

Driver's License # _____ Birth Date: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

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

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/School is a profound responsibility and I will use 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 electronic device while operating my vehicle.

Volunteer Driver Signature

Date

Please attach a copy of your driver's license with this form.