

Volunteer Driver Information Form

DRIVER INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ SS# _____

_____ Phone: _____

Provide a copy of your driver's license

Provide a copy of your automobile registration

Provide a copy of your automobile insurance coverage

Liability Limits of Policy*:

*The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300,000 per accident. This is \$100,000 personal injury coverage and \$300,000 liability coverage. Please be aware that as a volunteer driver, your insurance is primary.

Have you had citations or convictions of any of the following in the last three years:

	YES	NO
a) Driving under the influence of alcohol or drugs	_____	_____
b) Hit and run	_____	_____
c) Failure to report an accident	_____	_____
d) Negligent homicide arising out of use of a motor vehicle	_____	_____
e) Using a motor vehicle for the commission of a felony	_____	_____
f) Permitting an unlicensed person to drive	_____	_____
g) Reckless driving	_____	_____
h) Speed contest	_____	_____

In order to provide for the safety of our students, other members of the parish, and those we serve, if you answered yes to any of the above questions concerning the citations and convictions, we must disqualify you as a volunteer driver. Also, we cannot use your service as a volunteer driver if you do not have a current valid driver's license and insurance on your vehicle. It is expected that all our volunteer drivers will abide by the Indiana seat belt law.

CERTIFICATIONS:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students.

(Volunteer Driver Signature)

(Date)