



VOLUNTEER DRIVER APPLICATION

We greatly appreciate your interest in assisting us to meet our transportation needs. To help insure that all persons entrusted to your care while driving are safe and so that the local parish and Diocesan Church might appropriately manage their level of risk, we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name: Date of Birth:

Address: City/State/Zip

Phone: Cell Phone:

Driver's License #: Expiration Date: State Issued:

Insurance Company:

Policy #: Policy Expiration:

(Please note: As a volunteer driver, in the event of an accident, your insurance will serve as primary insurer. Liability coverage provided by the parish/school is secondary.)

Have you had any of the following citations or convictions in the past THREE years:	YES	NO
Driving under the influence of alcohol or drugs	<input type="radio"/>	<input type="radio"/>
Hit and Run	<input type="radio"/>	<input type="radio"/>
Failure to report an accident	<input type="radio"/>	<input type="radio"/>
Negligent homicide arising out of the use of a motor vehicle	<input type="radio"/>	<input type="radio"/>
Using a motor vehicle for the commission of a felony	<input type="radio"/>	<input type="radio"/>
Permitting an unlicensed person to drive	<input type="radio"/>	<input type="radio"/>
Reckless driving	<input type="radio"/>	<input type="radio"/>
Three or more moving violations or accidents	<input type="radio"/>	<input type="radio"/>

CERTIFICATION

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:

- * I understand that driving for Church ministry is an important responsibility and I will exercise care and due diligence while driving.
- * I understand that as a volunteer driver, I must be 21 years of age.
- * I certify that I possess a valid driver's license and have the proper and current vehicle license and registration.
- * I certify that I have the required insurance coverage in effect on the vehicle I will be driving for the event.
- * I understand that I cannot use a passenger van designed to seat 11-15 persons when transporting students.
- * I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.
- * I agree to adhere to the State of South Dakota safety belt laws and regulations.
- * I certify that the level of insurance on my vehicle is consistent with the liability limit requirements of the State of South Dakota (\$100,000/\$300,000)

The above portions of this form may be filled out electronically, but it must be physically signed by volunteer driver below.

Volunteer Driver Signature

Date