

VOLUNTEER DRIVERS FORM

Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Driver's License Number \_\_\_\_\_ State issued \_\_\_\_\_

Year, Make and Model of Vehicle \_\_\_\_\_

Insurance Company's Name \_\_\_\_\_

Agent's Name \_\_\_\_\_

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last five years:

List Accident and/or type of Violation Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

***Thank you for helping us with our transportation needs.***

\_\_\_\_\_  
Volunteer Driver                      Church Representative                      Date