



Department
of Catholic
Schools

Diocese of Covington

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

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

Agent's Name: _____

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

- | | <u>True</u> | <u>False</u> |
|--|-------------|--------------|
| 1. I have NOT 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. I have NOT 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. I have had no 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 that as a volunteer driver, I must be 21 years of age or older, be Virtus compliant, 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 used to transport students.

Volunteer Driver Signature

Date