



St. Paul Catholic School Volunteer Driver Information Form

I. DRIVER:

Name: _____ Date of Birth: _____
(Must be 25 or older)

Address: _____

Phone: _____

Driver's License #: _____ State of Issue: _____

Please attach a copy of your valid driver's license.

II. VEHICLE THAT WILL BE USED:

Name of Owner: _____ Year/Make: _____

Address of Owner: _____

Model: _____ License Plate #: _____

If more than one vehicle is to be used, the requested information is to be provided for each vehicle.

III. INSURANCE INFORMATION:

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Liability Limits of Policy*: _____

Agent's Name and City: _____

**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 the 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 of our volunteer drivers will abide by the Indiana seat belt law.

IV. 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 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)

(St. Paul Catholic School Representative Signature)

(Date)

CRIMINAL RECORDS CHECK/AUTHORIZATION

If you want to be considered for a position relating to a Catholic School or to students (e.g. religious education, youth ministry) or a pre-school which provides access to children, please answer the following: Have you ever been charged with, accused of, or convicted of child abuse or sexual abuse? ____YES ____NO. If yes, please attach an explanation.

Are you over the age 18 and legally eligible to work in the U.S.? ____YES ____NO

Have you ever been convicted of a felony? ____YES ____NO

If yes, Explain: _____

Applicants are advised that certain positions will require submission to a review of criminal records by the State Police and/or the Central Registry of Child Protective Services. By making this application, the applicant consents to such a check.

I hereby certify (and consent to verification with appropriate individuals or organizations) that all entries made on pages one through four (1-4) of this application above and any attachments related thereto are true and complete. I understand that any falsification of information (by omission or commission) may, at any time, without notice, at the discretion of the Diocese of Lafayette-in-Indiana, cause termination of my application, or, if already employed by the Diocese, my employment.

Signature of Volunteer Driver

Date _____

Please attach a copy of your valid driver's license.