

Catholic Mutual Group

VOLUNTEER DRIVER FORM

Full name of driver: _____

Address: _____

Driver's License #: _____ **State Issued:** _____

Year: _____ **Make:** _____ **Model:** _____

Insurance Company (Name / Address / Phone):

Liability Limit (Minimum limits \$100,000/\$300,000 required): _____

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 (3) years.	☐	☐
2. I have NOT had two (2) or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven (7) years.	☐	☐
3. I have NOT had more than three (3) moving violations or accidents in the last three (3) years.	☐	☐

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping with our transportation needs.

Certification:

I certify that the information giving on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be twenty-five (25) years of age or older, possess a valid driver's license, current vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver's Signature

Date