FIRST NAME	LAST NAME	DRIVERS'S LICENSE #	STATE

## **VOLUNTEER DRIVER INFORMATION**

Please initial each i	item below to verify information:			
	I am at least 25 years of age			
\$	Security background check			
I	have completed the "Protecting God's Children"	" training		
	have a valid registration for the vehicle			
p a	My vehicle is insured for minimum bodily injury licoverage limits of at least \$100,000 per person/\$per occurrence. I understand that I am required tabove insurance coverage in effect on any vehical ransport students.	\$300,000 to have the		
\$ tl	My vehicle is insured for minimum property dama \$100,000 or a combined single limit of \$300,000 that I am required to have the above insurance coeffect on any vehicle used to transport students.	. I understand coverage in		
I have car ins	surance with c	company.		
<ul> <li>a volunteer driver I will:</li> <li>be responsible to see that each student being transported in my vehicle is wearing seatbelt</li> <li>follow the preferred route (s) to be traveled, if any</li> <li>be responsible for seeing that I have been given the emergency medical form corresponding to each student assigned to my vehicle</li> <li>observe the following cell phone policy:  Cellular phone calls, both incoming and outgoing, are not permitted at any time while driving a vehicle for diocesan business. A cellular phone's voicemai feature should be activated to store incoming calls while driving. This policy applies to both hand-held and hands-free phones.</li> </ul>				
	ormation given above is true. I realize that it is s a change in any of the above information.	my responsibility to notify		

Signature