

**CATHOLIC DIOCESE OF COLUMBUS
VOLUNTEER DRIVER FORM**

Name of Driver: _____

Address: _____

Driver's License #: _____

State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Date Insurance Coverage Expires: _____

Liability Limits: _____

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

Please provide a copy of Proof of Insurance for our files.

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions. Please initial beside of each item to verify that the statement is accurate.

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.

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.

I have had no more than three moving violations or accidents in the last three years.

I am at least 21 years of age.

I have an unexpired background check on file and completed *Protecting God's Children*TM with my volunteer location and the Diocese of Columbus.

My vehicle is insured for minimum bodily injury liability coverage limits of at least \$100,000 per person/\$300,000 per occurrence. I understand that I am required to have the above insurance coverage in effect on any vehicle used to transport students.

My vehicle is insured for minimum property damage of at least \$100,000 or a combined single limit of \$300,000. I understand that I am required to have the above insurance coverage in effect on any vehicle used to transport students.

My insurance policy includes coverage for uninsured and underinsured drivers. I understand the Diocese will NOT supplement the cost of any damage that my policy does not cover in the event of an uninsured/underinsured driver.

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

Certification

I certify that the information given 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 I am a volunteer driver and am not an agent of the Diocese. I am 21 years of age or older, I possess a valid driver’s license, I have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle. I have a current background check on file with my volunteer location and the Diocese of Columbus. I have completed *Protecting God’s Children*™ training. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.

Volunteer Driver Signature

Date

This form must be updated yearly from date of signature or when the signer’s insurance coverage expires, whichever occurs first.

This form should be kept on file for 7 years from date of signature.