CATHOLIC MUTUAL GROUP

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DIOCESE OF PEORIA, IL

VOLUNTEER DRIVER FORM

CATHOLIC DIOCESE OF PEORIA, IL

Driver's name: _____

Address: _____

Driver's license #: _____ State issued: _____

Year, Make & Model of Vehicle: _____

Insurance Co.: _____

Policy #: _____ Policy limits: _____
(Minimum required: 100,000 / $300,000)

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following by initialing after each statement:

I am at least 21 years of age. _____

I possess a valid driver's license and have a current license and registration for my vehicle. _____

I have the required (minimum of $100,000 / $300,000) liability insurance coverage in effect on any vehicle. _____

I will refrain from using, including but not limited to, a cellular phone or any other electronic device while driving. _____

I have not had a conviction for an infraction involving drugs or alcohol in the last 3 years. _____

I have not had two or more convictions for an infraction involving drugs or alcohol in the last 7 years. _____

I have not had more than 3 moving violations or accidents in the last 3 years. _____

I understand as a volunteer driver, my insurance is primary. _____

I have completed the required online training at www.catholicmutual.org

Be Smart – Drive Safe: _____

Church Transportation – Is it Necessary and Ministry-Based: _____

11 (including driver) – 15 Passenger Van Policy: _____

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. I understand driving for School ministry is a profound responsibility and I will exercise extreme care and due diligence while driving.*

Volunteer Driver: _____ Date: _____

SAVE

Revised 2015 - 2016