



# CATHOLIC DIOCESE OF SIOUX FALLS EMPLOYEE / VOLUNTEER DRIVERS FORM

Name of Parish / School / Location \_\_\_\_\_

City \_\_\_\_\_

## Section I: To be completed when a personal vehicle is used for business / field trip

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name of Vehicle Owner: (if different from driver) \_\_\_\_\_

Address of Owner: (if different from driver) \_\_\_\_\_

City

State

Zip

*Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.*

Year, Make & Model of Vehicle: \_\_\_\_\_

Number of working seatbelts available for students: \_\_\_\_\_ Passenger Air Bag?  Yes  No

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Expiration: \_\_\_\_\_ Policy Liability Limits:\*

(\*Please note: The minimal, acceptable policy liability limit for privately-owned vehicles is \$100,000/\$300,000)

## Section II: To be completed for use of diocesan / parish / school – owned vehicle

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

*Please be aware that as a volunteer driver, the insurance on the parish vehicle is primary. There is a diocesan policy through Catholic Mutual Group which offers additional liability protection should a claim exceed the limits of this policy.*

## Section III: To be completed by drivers listed in either Section I or Section II

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations he / she has had in the last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I understand that both the students and I must wear seatbelts at all times, and no student may sit in the front seat if vehicle has an airbag(s) on the passenger side.

Volunteer Driver \_\_\_\_\_ Date \_\_\_\_\_

Parish / School Representative \_\_\_\_\_ Date \_\_\_\_\_