



# VOLUNTEER DRIVER APPLICATION

**INSTRUCTIONS:** Please complete this form and return to your parish or school designee if you will be driving on behalf of the parish and/or school for meetings, events, errands, postage, and etc.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Policy Expiration: \_\_\_\_\_

(Please note: As a volunteer driver, in the event of an accident, your insurance will serve as primary insurer. Liability coverage provided by the parish/school is secondary.)

**Have you had any of the following citations or convictions in the past THREE years:**

	YES	NO
Driving under the influence of alcohol or drugs	_____	_____
Hit and Run	_____	_____
Failure to report an accident	_____	_____
Negligent homicide arising out of the use of a motor vehicle	_____	_____
Using a motor vehicle for the commission of a felony	_____	_____
Permitting an unlicensed person to drive	_____	_____
Reckless driving	_____	_____
Three or more moving violations or accidents	_____	_____

## CERTIFICATION

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:

- I understand that driving for Church ministry is an important responsibility and I will exercise care and due diligence while driving.
- I understand that as a volunteer driver, I must be 21 years of age.
- I certify that I possess a valid driver's license and have the proper and current vehicle license and registration.
- I certify that I have the required insurance coverage in effect on the vehicle I will be driving for the event.
- I understand that I cannot use a passenger van designed to seat 11-15 persons when transporting students.
- I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.
- I agree to adhere to the State of South Dakota safety belt laws and regulations.
- I certify that the level of insurance on my vehicle is consistent with the liability limit requirements of the State of South Dakota (\$100,000/\$300,000)

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date