

# DIOCESE OF SANTA ROSA

## VOLUNTEER DRIVER FORM

To insure the highest safety for all making this trip, please review the criteria for driver and vehicle and, if you and your vehicle meet all the criteria, complete this form and return it to our office. Please provide a copy of your driver's license and your vehicle insurance certificate or declaration page with limits of coverage and attach them to this form.

### **TRIP INFORMATION** (to be completed by entity office)

\*\*\*Dates can be for specific trip or for specified year with separate attachments for individual trip information.

**DATE OF TRIP** \_\_\_\_\_ **ENTITY** \_\_\_\_\_

**PURPOSE OF TRIP** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

### **DRIVER AND VEHICLE INFORMATION**

**NAME OF DRIVER** \_\_\_\_\_

**VEHICLE**  
**YEAR/MAKE/MODEL/COLOR** \_\_\_\_\_ **LIC#** \_\_\_\_\_ **ST** \_\_\_\_\_

Please respond to each item with a **yes** or **no** answer.

**YES/NO**

\_\_\_\_\_ I am 21 years of age or older.

\_\_\_\_\_ I have a valid California driver's license.

\_\_\_\_\_ I have been driving in the United States with a valid driver's license for 3 years or more.

\_\_\_\_\_ I have no physical or mental condition which would adversely affect my ability to safely drive a vehicle.

\_\_\_\_\_ I have had no moving violations or at-fault accidents in the past 3 years.

\_\_\_\_\_ I own or lease the vehicle I will be driving for this trip.

\_\_\_\_\_ I have primary insurance on my vehicle with minimum coverage of  
\$100,000 bodily injury per person  
\$300,000 bodily injury per accident  
\$100,000 property damage per accident

\_\_\_\_\_ I understand that, in the event of an accident while on a Diocese of Santa Rosa related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

**YES/NO**

\_\_\_\_\_

My vehicle is designed to carry 9 or fewer occupants.

\_\_\_\_\_

My vehicle is in good running condition.

\_\_\_\_\_

My vehicle has a seat belt available for each occupant and seat belts will be used by every occupant and child restraints as required by law will be used.

\_\_\_\_\_

No child 12 years of age or younger will ride in the front seat.

\_\_\_\_\_

Child restraints will be used as required by law.

\_\_\_\_\_

There will be no smoking and no alcohol in the vehicle during this trip.

\_\_\_\_\_

I will not make detours or additional errands or destinations a part of this trip.

**SIGNED**

\_\_\_\_\_

(Volunteer)

**DATE**

**Reviewed for completeness by administrator or designee:**

**SIGNED**

\_\_\_\_\_

(Administrator or Designee)

**DATE**

## VOLUNTEER DRIVER FORM

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

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

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

Insurance Company's Name: \_\_\_\_\_

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

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- |  | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. 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.            | _____       | _____        |
| 2. 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. | _____       | _____        |
| 3. I have had no more than three moving violations or accidents in the last three years.   | _____       | _____        |

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

Thank you for helping us with our transportation needs.

### 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 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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

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

\_\_\_\_\_  
Date

## PRIVATE VEHICLE USE APPLICATION

Vehicle:

Year	Make	Model

Vehicle Identification Number: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE.

THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

*This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I understand that 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 others. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

Signature

Date \_\_\_\_\_

**Thank you for helping us with our transportation needs!**



## AUTOMOBILE INSURANCE STATEMENT

I, \_\_\_\_\_, understand that I am required to carry insurance coverage on any personal vehicle, which I might use in the course of conducting Parish/Diocesan business for \_\_\_\_\_.

I further understand that I am required to have a valid drivers license and proof of valid insurance in my possession while driving, and that I am required to follow all California State Vehicle Codes while operating a motor vehicle on Parish/Diocesan business on any street or highway, private or public road, at all times. This includes using and requiring passengers to use seat belts and child-safety seats (as required by law).

I further understand that I will properly maintain the vehicle, which I might use to transport parishioners/volunteers or staff members, in a safe mechanical condition (as required by law).

I understand and agree that I will provide \_\_\_\_\_ with a copy of my valid drivers license and valid insurance, and will provide updated copies when renewed or when validity, class or other information has changed.

I also understand and agree that I will not drive any personal vehicle, which is uninsured, onto \_\_\_\_\_ property or use it to transport parishioners/volunteers or staff members at any time. I may be required to produce auto insurance verification.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_

Auto Insurance Policy Number \_\_\_\_\_

Auto Liability Limits \_\_\_\_\_

- **\$100,000/\$300,000 CSL is required**

Have you been convicted of any vehicle code violations within the past three years? If so, please list and explain:

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