



DRIVER/VEHICLE REGISTRATION:

Complete only where applicable. The purpose of this form is to provide information regarding drivers and vehicles used for ministry purposes.

Parish/Entity Information

Name _____ City/Town _____

Entity Telephone Number _____

Driver Information

Name: _____

Address: _____
Street, City/Town, State, Zip

Home telephone number: _____

Driver's License number: _____

I am A VOLUNTEER AN EMPLOYEE

Vehicle

Vehicle to be used by volunteer in the course of ministry.

Year _____ Make _____ Model _____

Do you own this vehicle? Yes ___ No ___

Automobile Insurance Company _____

Policy number _____

Policy expiration date _____

Limits of liability (bodily injury) _____
(Minimum \$100,000/\$300,000 BI and \$25,000 Property Damage)

**** If the volunteer driver's personal vehicle is a van with seating capacity of 10 or more people including the driver, then the owner driver must show proof of additional liability insurance (umbrella policy) of at least \$1,000,000 and a CDL license.**

List and describe any serious accidents or moving violations in the past five (5) years. If none, so state.

I agree that I will not allow smoking when children are present in my vehicle. Further, I agree that all occupants will use their seat belts, and children will be transported only in appropriate and approved child seats.

Volunteer Driver signature _____ Date _____

This form will be retained at the diocesan entity.