

Driver Information and Acknowledgement Form

Thank you for helping with our transportation needs. The information requested by this form is required from each of our drivers.

Name of Driver:	
Home address:	
Phone:	
Driver's License#	State issued:
Year, Make & Model of vehicle:	

To provide for the safety of those we serve, we must ask each volunteer and employee to acknowledge the following statements:

	Yes	No
My insurance policy provides minimum liability limits of \$100,000/\$300,000		
I have provided a copy of proof of insurance to the parish, school, or diocese.		
I am at least 21 years of age.		
I possess a valid and current driver's license		
I have completed the 20-minute driver safety training "Defensive Driving" found on the diocesan website under CMG Connect.		
I will refrain from using a cell phone and/or any other handheld device while driving. I will use my devices only when safely parked.		
All passengers, at all times, will be required to wear a seat belt.		
I do not have any medical conditions that would interfere with the safe operation of a vehicle.		
In the past 3 years I have NOT had one or more of the following serious violations:		
•Driving under the influence of alcohol		
•Reckless driving		
•Conviction for an infraction involving drugs or alcohol		
•Moving violations (i.e. speeding, failure to observe traffic sign or signal, failure to yield, leaving the scene of an accident (hit and run), etc.)		

I certify the information on this form is true and correct to the best of my knowledge. I will notify the parish, school, or diocese if any of the information I have provided changes. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and diligence while driving. I am aware that as a volunteer driver, my insurance is primary.

Volunteer/Employee Driver printed name

Date

*Volunteer/Employee Driver signature

***A typed name or electronic signature does not constitute a signature**