



**VOLUNTEER DRIVER**

2021-2022

Volunteer Driver's Name: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

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

Policy #: \_\_\_\_\_ Policy Limits: \_\_\_\_\_

*(Minimum required limits: \$100,000 / \$300,000)*

In order to provide for the safety of those we serve, please **INITIAL** after each statement:

I am at least 25 years of age. \_\_\_\_\_

I possess a valid driver's license and have a current license and registration for my vehicle. \_\_\_\_\_

I have the required (minimum \$100,000/\$300,000) liability coverage in effect on my vehicle. \_\_\_\_\_

I will NOT use, included but not limited to, a cell phone or any other electronic device while driving. \_\_\_\_\_

I have not had a conviction for an infraction involving drugs or alcohol in the last 3 years. \_\_\_\_\_

I have not had two or more convictions for an infraction involving drugs or alcohol in the last 7 years. \_\_\_\_\_

I have not had more than 3 moving violations or accidents in the last 3 years. \_\_\_\_\_

I understand as a volunteer driver, my insurance is primary. \_\_\_\_\_

I have completed the required online training at <http://Peoria.cmconnect.org>

*Defensive Driving Required – Peoria* \_\_\_\_\_

*Safe Environment Training – Peoria* \_\_\_\_\_

**PLEASE BE AWARE THAT AS A VOLUNTEER DRIVER, YOUR AUTO INSURANCE IS PRIMARY.**

**CERTIFICATION** – *I certify that the information given on this form is true and correct. I understand driving for a parish/school/institution ministry is a profound responsibility and I will exercise extreme care and due diligence while driving.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This form should be reviewed annually and updated as needed.*