

# Driver Form

## Drivers Using Diocese Owned Vehicles

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

Date of Birth: \_\_\_\_\_

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

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

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 ask each employee to answer the following questions:

1. Have you 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?  Yes  No
2. Have you 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?  Yes  No
3. Have you had **more than three** moving violations or accidents in the last three years?  Yes  No

**PLEASE BE AWARE THAT WHEN USING YOUR PERSONAL VEHICLE,  
YOUR INSURANCE WILL BE PRIMARY.  
PLEASE PROVIDE PROOF OF INSURANCE FOR OUR FILES.**

### 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 an employee 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.*

\_\_\_\_\_  
Driver Name (Please Print)

\_\_\_\_\_  
Date

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

**Original copies of signed form should be kept in parish/school files for at least 3 years.**