VOLUNTEER DRIVERS FORM FOR THE DIOCESE OF OWENSBORO

Today's Date:	
Parish/School/Institution:	
Name of Driver:	Date of Birth:
Address of Driver:	
Driver's License Number:	
	xpiration Date:/ State Issued
	Effective Date of Insurance/
	Phone: ()
Agent 8 Name:	rnone: (
Event Date(s) Covered by This Form:	
Destination of This Trip:	
as a volunteer driver if you do not have a current, valid of the following statements. Have you ever received a citate. A. Driving under the influence of alcohol or drugs? B. Hit and run?	YES NO DATE vehicle?
conviction as a felon is not an automatic bar to conside speak to the appropriate Church/school representative. It is expected that all volunteer drivers will abide by individual in a privately owned vehicle. All voluntee	e, it <u>may</u> disqualify you as a volunteer driver. Issuance of citations and/or leration. If you desire, please give pertinent details on the back or arrange to All information will be dealt with in a respectful manner. the Kentucky seat belt law. A separate seatbelt must be worn by every er drivers agree to abide by all safety and traffic laws. All drivers should be unds near a vehicle's air bag. All drivers should drive directly to and from pt for emergencies.
All privately owned vehicle's insurance is primary.	
Volunteer Driver Signature	Church/School Representative
Please give pertinent details (for any items to which you	a answered "yes") on the reverse side of this page. (OVER)

Revised August 2010

Explanation for Responses on Volunteer Drivers Form:		