

DIOCESE OF BOISE

PRIVATE VEHICLE DRIVER FORM



Name of Driver: _____

Address: _____

Driver's License # _____ State Issued: _____

Vehicle: Year: _____ Make: _____ Model: _____

Insurance Company's Name: _____

Liability Limits:

Per Injury: _____ (Required \$100,000): Per Accident: _____ (Required \$300,000)

Or

Combined Single Liability (CSL): _____ (Minimum Required \$300,000)

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- | | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. I have NOT 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. | _____ | _____ |
| 2. I have NOT 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. | _____ | _____ |
| 3. I have had no more than three moving violations or accidents in the last three years. | _____ | _____ |

Please be aware that your insurance is primary.

Thank you for helping us with our transportation needs.

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 a 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 handheld electronic device while driving my vehicle.

Driver Signature

Date