

## REQUIREMENTS FOR VOLUNTEER DRIVERS

ANYONE PROVIDING TRANSPORTATION FOR A CHURCH MINISTRY MUST HAVE A VALID FLORIDA DRIVERS LICENSE AND THEIR OWN AUTOMOBILE LIABILITY INSURANCE WITH LIMITS OF AT LEAST \$100,000.00 BODILY INJURY EACH PERSON, AND \$300,000.00 BODILY INJURY EACH ACCIDENT, AND PROPERTY DAMAGE LIABILITY LIMITS \$50,000.00. THE VEHICLE TO BE USED MUST BE IN SAFE OPERATING CONDITION AND OCCUPANCY MUST NOT EXCEED THE MAXIMUM NUMBER OF OCCUPANTS FOR THAT VEHICLE. THE DIOCESE OF ST. PETERSBURG DOES PROVIDE INSURANCE COVERAGE, BUT ONLY AS A SECONDARY SOURCE TO YOUR OWN INSURANCE, SINCE FLORIDA LAW REQUIRES THE OWNER OF A VEHICLE TO BE INSURED. IN ORDER TO BE COVERED UNDER THE DIOCESAN PLAN, PROOF OF INSURANCE MUST BE FURNISHED.

**YES, MY INSURANCE COMPLIES WITH THE INSURANCE REQUIREMENT STATED ABOVE.**

DRIVER'S SIGNATURE: \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE (H) (\_\_\_\_) (CELL) (\_\_\_\_)

### **TYPE OF VEHICLE(S) AND INSURANCE INFORMATION**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

TAG # \_\_\_\_\_

#1

\_\_\_\_ CAR \_\_\_\_ SPORTS UTILITY VEHICLE \_\_\_\_ TRUCK 4DR/2DR \_\_\_\_ VAN \_\_\_\_

VEHICLE INSURANCE COMPANY \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

#2

\_\_\_\_ CAR \_\_\_\_ SPORTS UTILITY VEHICLE \_\_\_\_ TRUCK 4DR/2DR \_\_\_\_ VAN \_\_\_\_

VEHICLE INSURANCE COMPANY \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

### **DRIVER'S LICENSE INFORMATION**

STATE \_\_\_\_ LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

DRIVING LIMITATIONS & AVAILABILITY (I.E. - WEAR GLASSES, ETC.)

\_\_\_\_\_  
TIMES AVAILABLE \_\_\_\_\_ DAYS AVAILABLE \_\_\_\_\_

VOLUNTEER DRIVER EMERGENCY FIRST CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

(CELL) \_\_\_\_\_

VOLUNTEER DRIVER EMERGENCY SECOND CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

(CELL) \_\_\_\_\_

### **SPECIFIC VOLUNTEER DRIVER EMERGENCY INFORMATION**

DR. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

HOSPITAL \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

REQUIRED ON BACK OF THIS FORM: COPY OF DRIVER'S LICENSE & VEHICLE(S) INSURANCE CARD(S).

COPY OF DRIVER'S LICENSE & VEHICLE(S) INSURANCE CARD(S)