

## VOLUNTEER DRIVER GUIDELINES

- 1) NO ALCOHOL CONSUMPTION PRIOR TO AND DURING TRANSPORTATION ASSIGNMENT.
- 2) NO SMOKING.
- 3) HAVE PASSENGER INFORMATION SHEET WITH YOU AT ALL TIMES DURING TRANSPORTATION ASSIGNMENT.
- 4) CALL PASSENGER THE NIGHT BEFORE ASSIGNMENT TO CONFIRM PICK UP: TIME AND DESTINATION OF TRIP (destination, address, etc.) ALSO CHECK IF THERE WILL BE A PRIMARY CAREGIVER ACCOMPANYING THEM.
- 5) UNDER NO CIRCUMSTANCES WILL A VOLUNTEER DRIVE ANYONE UNDER THE AGE OF 18, UNLESS SUCH YOUTH IS ACCOMPANIED WITH A PARENT OR GUARDIAN OR A WRITTEN PARENTAL AUTHORIZATION HAS BEEN GIVEN. FURTHER NO VOLUNTEER DRIVER SHOULD TRANSPORT ANY YOUTH ALONE.

### **Transportation Ministry Report** **Diocese Volunteer Driver Requirements**

In order to meet the Diocese of St. Petersburg requirements for the St. Patrick Catholic School transportation ministry the State of Florida's Insurance Affidavit was obtained and modified as below for our Volunteer Drivers.

Therefore it is now required that applicants choosing to become volunteer drives for St. Patrick Catholic School provide the following:

1. A completed Diocese of St. Petersburg Volunteer Application Form
2. A State of Florida Seven (7) year Driving History
3. A completed St. Patrick Volunteer Driver Requirements Form

And copies of the following:

4. Driver's' License
5. Automobile Insurance Card(s)
6. Automobiles' Insurance Policy Face Sheet in Lieu of the Insurance Policy Face Sheet,they sign the affidavit below to verify the following minimal Coverage: (please see next page)

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**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 DIRVER'S LICENSE & VEHICLE(S) INSURANCE CARD(S).

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