

THE ROMAN CATHOLIC  
**ARCHDIOCESE OF ATLANTA**



**Employee/Volunteer Driver Form**

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

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

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

Year, Make & Model of Vehicle: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

If driving a personal vehicle the minimum liability limits of \$100,000/\$300,000 and proof of this coverage are required. Please be aware that if you are driving your personal vehicle, your insurance is primary.

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

	TRUE	FALSE
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.	_____	_____

**Certification:**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for parish/school ministry is a profound responsibility. I will exercise extreme care and due diligence while driving. I understand that as an employee/volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license. If driving my personal vehicle, my vehicle registration is valid and in force and my insurance limits meet the requirements of the Archdiocese of Atlanta and my auto insurance policy is in force. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

\_\_\_\_\_  
Employee/Volunteer Driver Signature

\_\_\_\_\_  
Date