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APPENDIX D: VOLUNTEER DRIVING FORM

In addition to the other forms, volunteers who drive vulnerable persons in the context of a ministerial relationship, must complete this form. Drivers must be 18 years of age or over and hold a valid Class 5 driver license without Graduated Driver License.

Full Name of Driver:	Email Address							
Contact Information	Street Address			City/Province			Postal Code	
	Daytime		Evening	Evening		Cell		
Driver's License Information	License No.		Province of Issue		Expiry Date: Day/Month/Year			
Vehicle	Make Model			License Plate No.		Seating Capacity incl. Driver		
Vehicle Insurance	Company			Policy No.				
Name of Owner:	(If different from Driver)			Email Address				
Contact Information	Street Address			City/	Province	Postal Code		
	Daytime	ytime Evening					Cell	
Signature of Owner								
(If Other than Volunteer Driver)								
applies. 2. In the case of an insurance clain coverage. 3. All risk of liability is assumed be employees transporting parishio 4. Damage to any vehicle, includin Commitments By submitting this application to bear 1. I undertake to ensure that the 2. I agree to: a. Operate the automobile refers b. Abide by all applicable laws c. Limit the number of passenged. Require proper use of occupate. Comply with the directions of f. Have another adult accompant 3. I undertake to report to the disoccur after the date of this au 4. I undertake to maintain, at all 5. I am in good physical conditing 6. I am not currently taking any ability to drive safely I will not recrify that all the information or organization within 14 day constitute grounds for immed	vehicle used to transport passenge	ersonal ir en when mployees y of the v ers is in se g passeng elts (or re dd restrair the Eparch or other v ts and an tee. ity and in driving d judgmen g the med al and co above ir eer drive	transporting on approve of ounteer drivers in the liquired child atts, airbags, airal office, py suspension demnity insections. It and, if prelications mpletely afformation r position.	g parisi g g parisi g con me of 1 seats seat parish person n of n surance escribe	owner's automobile lianshioners, clients or Eparativity. Ind not the Eparchy/parished dition. In which will be a seed any medications that ate. I agree to notify aderstand that false steed any medications that ates at a seed any medications that a seed any medicat	bility insurance may affect mather than the Eparchia atements or	e status which may ny judgement or my al office, parish, camp	
Sion	nature of Volunteer Driver		_ —		Date (Day/Month)	Year		