



Archdiocese of Regina

VOLUNTEER DRIVER FORM

Date: _____ Parish: _____

Name of Volunteer Driver: _____

Address: _____ Suite/Apt. #: _____

City: _____ Postal Code: _____

Phone number: (____)____-____ Cell number: (____)____-____

e-mail: _____ D.O.B. (dd/mm/yy) ____/____/____

Licensing and Insurance Information

Driver's Licence Number: _____ Driver's Licence Class: _____

Driver's Licence Expiration Date: _____

Vehicle Make: _____ Vehicle Licence Number _____

Insurance Company: _____ Policy Number: _____

Insurance Coverage Amount: _____ Expiration Date: _____

Permission from Vehicle Owner

I, _____, hereby give permission for my vehicle,
 _____ (Vehicle Make) and Vehicle License Number _____,

to be used by the above named Volunteer Driver with _____
 Parish.

Signature _____ Date: _____

- I have received and read the Volunteer Driver Ministry Position Description and agree to all its terms.
- I have provided proof of age, Driver's Licence, Registration & Insurance Policy identification to the Ministry Coordinator and/or Pastor.
- I agree to use only the vehicle mentioned above for all Volunteer Driver assignments.
- I agree to provide a written, detailed report of any accident that has occurred while serving as a Volunteer Driver at the parish.
- I agree to transport at any one time no more people than the number of seat belts in my vehicle.

Signature: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

(Ministry Coordinator)

