

ARCHDIOCESE OF MOBILE

VOLUNTEER DRIVER'S FORM

(Must be updated annually)

Please attach a copy of your insurance declarations page (*indicating the exact amount of coverage on your vehicle*) and your driver's license. Volunteer drivers **MUST** also complete the Child Protection Certification as required by the Archdiocese of Mobile.

PLEASE PRINT

Name of Driver: _____ Date of Birth: _____

(Driver must be 21 years of age or older to drive for a school field trip.)

Address: _____

Driver's License Number: _____ State Issued: _____

Year, Make, and Model of Vehicle: _____

Name of Owner of Vehicle: _____ Number of Passenger Seatbelts: _____

IMPORTANT: In order to provide for the safety of our students or other members of the parish and others we serve, we must ask each volunteer driver to list all accidents or moving vehicle violations they have had in the last five years:

LIABILITY INSURANCE INFORMATION

All drivers must have a minimum of \$100,000 per person, \$300,000 per accident Bodily Injury Liability; \$100,000 per accident Property Damage Liability or \$300,000 combined single limit Bodily Injury Liability and Property Damage Liability. Please be aware that as a volunteer driver your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Insurance Company: _____ Policy Expiration Date: _____

I hereby certify that:

- I am duly licensed to operate motor vehicles in the State of Alabama and will comply with all applicable state and local laws.
- I understand that any and all fees or fines (*including attorney fees*) resulting from violation of motor vehicle laws and regulations, including parking violations, are my sole responsibility.
- I understand that the Archdiocese of Mobile and/or the Archdiocesan organization involved assumes no responsibility for personal property of the driver and/or occupant of the vehicle.
- I agree to indemnify and defend the Archdiocese of Mobile and the Archdiocesan organization for which I am driving from any liability arising from my unauthorized use of this vehicle or from my failure to comply with the Archdiocese of Mobile Fleet Safety Policy.
- Seat belts must be used at all times. The number of passengers may not exceed the number of seatbelts.
- Drinking, possession of intoxicating liquor, illegal drugs in vehicles or driving while under the influence of alcohol or drugs is prohibited.

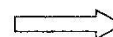
I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older to drive, must possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect.

Volunteer Driver's Signature

School Representative

Date

Revised 7-11-11



ADULT FIELD TRIP LIABILITY WAIVER

(Leaders and/or chaperones)

I, _____ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Montgomery Catholic Preparatory School, and the Archdiocese of Mobile, its officers, directors, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature _____

Date _____

Medical Matters: I hereby warrant that to the best of my knowledge, I am in good health.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport me to hospital for emergency medical or surgical treatment.

Specific Medical Information that may impact medical treatment:

In the case of an emergency contact:

Emergency contact person: _____

Emergency Contact's Cell Phone: _____ Other Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____

Date: _____

Printed Name: _____