SAN ANTONIO DE PADUA VOLUNTEER DRIVER'S FORM

PLEASE PRINT CLEARLY

Name of Ministry / Organization :_____

Please check one of the following for which you are driving:

☐Pick/Up and Delivery ☐Sick & Elderly ☐ Delivery of Meals ☐Other_____

Name:_____
Last First Middle

Address:_____City:_____Zip:_____

Home Telephone Number: _____Cell Phone Number:_____

EMERGENCY CONTACT

Name:_____Relationship:_____

Address:_____City:_____Zip:_____

Home Telephone Number: _____Cell Phone Number:_____

AUTOMOBILE INFORMATION

Make of Auto: _____Model: _____License Plate Number:_____

Valid Vehicle Registration ☐Yes ☐No Current Smog Inspection ☐Yes ☐No

Driver's License Number: _____Expiration Date:_____

Automobile Insurance ☐Yes ☐No

Name of Insurance Company:_____

Bodily/Injury Coverage ☐Yes ☐No Property Damage Coverage ☐Yes ☐No

ACKNOWLEDGEMENT

I have received the Policy and Procedures for Volunteer Drivers. I have attached a copy of my driver's license and proof of insurance, including the declaration page of my insurance policy.

_____
Signature Date