

PIUS X HIGH SCHOOL VOLUNTEER/EMPLOYEE DRIVER AND VEHICLE USE APPLICATION

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation

Printed Legal Name:		Date of Birth:
Address:		Phone:
Driver's License Number:	State Issued:	Expiration Date:

Have you had any of the following citations in the past THREE years:

	Yes	No		Yes	No
1. Driving under the influence of alcohol or drugs**	<input type="checkbox"/>	<input type="checkbox"/>	5. Using a motor vehicle for the commission of a felony	<input type="checkbox"/>	<input type="checkbox"/>
2. Hit and run	<input type="checkbox"/>	<input type="checkbox"/>	6. Permitting an unlicensed person to drive	<input type="checkbox"/>	<input type="checkbox"/>
3. Failure to report an accident	<input type="checkbox"/>	<input type="checkbox"/>	7. Reckless driving	<input type="checkbox"/>	<input type="checkbox"/>
4. Negligent homicide arising out of the use of a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	8. Are you currently taking any medication that may make you drowsy?	<input type="checkbox"/>	<input type="checkbox"/>

**** If you answered YES to #1 above, the Diocesan policy requires that the violation must have occurred 7 or more years from the date of application. If the violation occurred more than 7 years ago, proof of a clean driving record (MVR) evidencing no violations over the past 7 years must also be presented to the parish/school.**

Answering YES to 3 or more of the above questions may result in this application being declined.

Vehicle year/make/model/color:		
Vehicle ID Number (VIN):	License Plate Number:	
State:	Expiration Date:	
Automobile Insurance Company:	Policy Number:	
Agent:	Agent's Phone:	Policy Expiration Date:

PLEASE BE AWARE:

- In case of an accident, the insurance on this vehicle will be the **PRIMARY** coverage.
- The vehicle must be insured for the minimum liability limits of: **\$100,000/\$300,000/\$100,000.**
- All passengers must adhere to the Nebraska Safety Belt laws and regulations and it is the driver's responsibility to ensure this policy.

To be Read and Signed by Applicant	
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, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle. I also agree to a Motor Vehicle Record (MVR) search. This certifies that this application was completed by me and that I certify that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition.	
Applicant's Signature	Date

Thank you for helping us with our transportation needs!

Please attach a copy of:

1. The front and back of your current driver's license.
2. A copy of the declarations page of your current auto insurance coverage or evidence of liability limits on the vehicle listed above.