

**DIOCESE OF CHARLESTON
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

Parish/School/Office Name: _____

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle with children as passengers: ____ Yes ____ No

Requires the operation of a motor vehicle without children as passengers: ____ Yes ____ No

An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:

two (2) or more moving violations within the past three (3) years - If only one (1) moving violation within the past three (3) years is discovered, you will be contacted to complete an online safe driving course before being cleared to drive

an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years

had a revocation or suspension of driver's license within the past five (5) years

multiple moving violations over the past ten (10) years

An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:

three (3) or more moving violations within the past five (5) years

an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years

had a revocation or suspension of driver's license within the past five (5) years

multiple moving violations over the past ten (10) years

If you do not meet the above criteria for driving, we encourage you to volunteer in one of our many other areas of need and reapply when your driving record meets these standards. If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, you are required to report that information to the Diocesan Safe Environment Manager immediately.

Name of Driver: _____ SS#: _____

Address: _____

Drivers License #: _____ (Please attach a copy of your license) State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 required) PLEASE ATTACH COPY OF PROOF OF INSURANCE

Please be aware the driver's insurance is primary in any incident requiring a claim to be made.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Diocesan ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that 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 operate. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

Form #: 2011-02

Revised: 02.09.12

11.09.16