

SAN ANTONIO DE PADUA CHURCH
VOLUNTEER DRIVER'S FORM
PLEASE PRINT CLEARLY

Name of Organization in which are a volunteer:

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

