

PARISH
ANNUAL DRIVER INFORMATION & CONSENT FORM

Driver's Name: _____ Date of Birth: _____

Address: _____
STREET CITY STATE ZIP CODE

Home Phone No.: _____ Mobile Phone No.: _____

Driver's License No.: _____ Date of Expiration: _____
(ATTACH PHOTO COPY OF LICENSE)

IN ORDER TO PROVIDE FOR THE SAFETY OF THOSE BEING TRANSPORTED, YOU MUST LIST ON A SEPARATE SHEET ALL ACCIDENTS OR MOVING VIOLATIONS YOU HAVE HAD IN THE LAST FIVE YEARS.

IF MORE THAN ONE VEHICLE IS TO BE USED, VEHICLE INFORMATION, INSURANCE INFORMATION, AND CERTIFICATION MUST BE PROVIDED FOR EACH VEHICLE.

VEHICLE THAT WILL BE USED

Owner's Name: _____
(PRINT)

Owner's Address: _____
STREET CITY STATE ZIP CODE

YOU CANNOT USE 15-PASSENGERS VANS OR ANY VEHICLES WITH SIMILAR CHASSIS TO TRANSPORT PEOPLE

Year of Vehicle: _____ Make of Vehicle: _____

Model of Vehicle: _____ License Plate No.: _____ State: _____

Vehicle Registration Expiration Date: _____
(ATTACH PHOTO COPY OF REGISTRATION)

INSURANCE INFORMATION (Minimum Required Limits: Auto Liability \$100,000/300,000; Property Damage \$50,000)

I carry my own Automobile Liability Insurance with limits of \$ _____ and Medical Payments Coverage with limits of \$ _____

Insurance Company: _____ Company's Phone No.: _____
(ATTACH PHOTO COPY OF INSURANCE I.D. CARD)

Policy No.: _____ Expiration Date: _____ Agents Name: _____

CERTIFICATION

I consent to allow the parish to perform a driving record check and a criminal background check on me. 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 25-years of age or older, possess a valid driver's license, and have the required insurance coverage in effect for the vehicle used to transport people on behalf of the parish. Furthermore, I certify that the vehicle I am driving is properly registered and licensed, properly maintained, is safe for transportation; and I have the owner's permission to use the vehicle.

Signature: _____ Date: _____

COMPLIANCE CHECK LIST

Must be completed by authorized parish staff member
Attach copies of item numbers 1-6 below to this form

FORM DATE: _____
(MUST BE FILLED OUT ANNUALLY. THIS FORM EXPIRES 1-YEAR FROM DATE)

	<u>Completed</u> (WRITE IN DATE)	<u>Approved</u> (INITIAL)
1. Criminal Background Check	_____	_____
2. Driving Record Check	_____	_____
3. Received List of Moving Violations and Accidents (If driver has no violations or accidents, indicate NA in "Completed" column)	_____	_____
4. Received Copy of Driver's License	_____	_____
5. Received Copy of Vehicle Registration	_____	_____
6. Received Copy of Insurance I.D. Card or Certificate	_____	_____
7. Up-to-date with Safe Environment Program education	_____	_____

I approve this person as a volunteer driver for the parish

Parish Compliance Officer's Signature Date

Accidents & Violations

Include all incidents in the past 5 years

ACCIDENTS	Date of Accident
Comprehensive claim \$1000+	_____
Comprehensive claim under \$1000	_____
Fault accident with property damage only	_____
Fault accident with bodily injury	_____
Non-fault accident	_____

MINOR VIOLATIONS	
Improper operation of vehicle	_____
Disregard police	_____
Disregard traffic device or sign	_____
Driving without insurance	_____
Failure to yield right-of-way	_____
Improper turn	_____
Minor moving violations	_____
Passing stopped school bus	_____
Seat belt violation	_____
Speeding: less than 20 mph over limit	_____
Unlicensed driving	_____

MAJOR VIOLATIONS	
Auto theft/felony with motor vehicle	_____
Drag racing	_____
Driving under the influence (DUI)	_____
Driving when suspended/revoked	_____
Driving while impaired	_____
Driving wrong side of road	_____
Eluding/fleeing from police	_____
Hit and run	_____
Homicide/manslaughter	_____
Assault with motor vehicle	_____
Leaving the scene	_____
Reckless driving	_____
Refusal to Chemical Test	_____
Speeding (20 mph or more over limit)	_____

All other violations that are not listed above

(List other violations here)