

**St. Angela Merici Parish
Adult Volunteer Driver Information**

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Place of Employment: _____

Driver Statement

As a volunteer driver for _____
I recognize that, in the event of an auto accident chargeable to me, my car insurer shall be considered the primary insurer for all claims, judgments, and liability for any injury or damage to any and all children that I may be transporting to and from the event/field trip for which I am driving.

I attest that:

1. I have a current driver's license that is in good standing with the State of Ohio.
2. That I do have car insurance and the policy is adequate to cover any and all children that I may be transporting and to cover any claims that may be made against me.
3. I am not currently under any medication nor do I have any medical condition that would impair my ability to operate a motor vehicle.
4. I have sufficient number of properly functioning seat belts for each child's use that I am transporting, and I will require each child to use a seat belt in accordance with Ohio law.

Driver's Signature _____ Date: _____

Automobile Information

Make: _____ Model _____ License Plate: _____

Auto Insurance Carrier: _____

Insurance Policy Number: _____

Driver's License Number: _____