



DRIVER/VEHICLE REGISTRATION:

Complete only where applicable. The purpose of this form is to provide information regarding drivers and vehicles used for ministry purposes.

Parish/Entity Information

Name Holy Trinity Catholic School City/Town Laconia

Entity Telephone Number 524-3156

Driver Information

Name: _____

Address: _____
Street, City/Town, State, Zip

Home Telephone Number: _____

Driver's License number: _____

I am A VOLUNTEER AN EMPLOYEE

Vehicle

Vehicle to be used by volunteer in the course of ministry.

Year _____ Make _____ Model _____

Do you own this vehicle? Yes _____ No _____

Automobile Insurance Company _____

Policy number _____

Policy expiration date _____

**Limits of liability (bodily injury) _____
(Minimum \$100,000/\$300,000 BI and \$25,000 Property Damage)

****If the volunteer driver's personal vehicle is a van with capacity of 9 people or more, then the driver must show proof of additional liability insurance (umbrella policy) of at least \$1,000,000.**

List and describe any serious accidents or moving violations in the past five (5) years. ***If none, please state.***

I agree that I will not allow smoking when children are present in my vehicle. Further, I agree that all occupants will use their seat belts, and children will be transported only in appropriate and approved child seats.

Volunteer Driver signature _____ Date _____