

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: \_\_\_\_\_

[SEE REVERSE SIDE FOR COMPLIANCE CHECKLIST \(Parish use only\)](#)

**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

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

<b>MINOR VIOLATIONS</b>	
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	_____
Speeding: more than 20 mph over limit	_____
Unlicensed driving	_____

<b>MAJOR VIOLATIONS</b>	
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 (less than 20 mph over limit)	_____
Speeding (more than 20 mph over limit)	_____
All other violations that are not listed above	_____

\_\_\_\_\_  
\_\_\_\_\_  
(List other violations here)