

Diocese of St. Petersburg

EMPLOYEE AND VOLUNTEER DRIVER APPLICATION

Church or School Name: _____ City: _____

Applicant Name: _____
(First) (Middle) (Last)

Phone: _____
(Home Phone) (Cell Phone)

Date of Birth: _____ Email Address: _____

Current Address: _____

_____ How long at this address? _____
(City) (State) (Zip Code)

Previous Address: _____

Driver Licenses

License #	State	Type	Expiration date

Driving Experience

Class of equipment	Employer name	From	To	Approx. miles

Accident Record for past 3 years

Date	Nature of accident	Injuries/Fatalities

Moving Violations for past 3 years

Location (City & State)	Date	Charge	Penalty

- Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years? Yes _____ No _____
- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- Has any license, permit, or privilege ever been suspended, revoked or forfeited? Yes _____ No _____
- Date _____

Special training related to transportation: _____

Safe driving awards and from whom: _____

Diocese of St. Petersburg

Please be aware that as an employee or volunteer driver, your insurance is primary if you are using your personal vehicle.

Thank you for helping us with our transportation needs.

Certification

I certify:

- The information given on this form is true and correct to the best of my knowledge.
- I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving.
- I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle.
- I agree that I will refrain from using electronic devices while operating my vehicle.
- I authorize the Diocese of St. Petersburg to obtain my Motor Vehicle Record from the Department of Motor Vehicles at no cost to me.
- Results will be returned to the above named church or school for record keeping.
- Results will be provided to the person screened (in person) by providing proof of ID to the Safe Environment Office.

Employee/Volunteer Driver Signature

Date

STAPLE COPY OF CURRENT INSURANCE CARD and DRIVER'S LICENSE TO THIS FORM

Entity Notes:

Send a completed copy of this application to the Insurance & Risk Management Office to obtain the Motor Vehicle Records check.

RETAIN THIS FORM IN EMPLOYMENT FILES UNTIL TERMINATION

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 3 YEARS