

# Volunteer Driver Information Sheet

Personally Owned Vehicles Used For Parish Or School Business

## Driver Information

Name		Driver's License No.	
Address		Driver's License - State	
Telephone			

## Vehicle Information

Year		License Plate	
Make		Registration Expires	
Model			

## Insurance Information

The driver must carry liability insurance as required by state law. When using a privately owned vehicle, the insurance coverage carried by the driver will be used before diocesan insurance coverage comes into play.

Insurance Company		Policy Number	
		Expiration Date	

## Certification

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 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students or other individuals. I understand each passenger must have and use a seat belt.

Signature		Date	
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# Medical Examination for Diocesan Drivers

Note to Physician: Please review the guidelines on the back of this form and complete all required information.

Driver's Last Name, First, Middle	Date of Birth
Street Address	Sex
City, State, Zip Code	Driver's License No.

## VISION EXAMINATION (Guidelines on Back of Form)

Distance Vision Only	Right	Left	Both
With Present Correction	20/	20/	20/
Without Correction	20/	20/	20/
Signature of Person Completing Vision Exam		Date of Vision Exam	

## HEARING EXAMINATION (Guidelines on Back of Form)

Right Ear:	Left Ear:	
Disease or Injury:	Hearing Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Audiometric Test (Complete only if audiometer is used) Decibel Loss At:		
500 Hz L. _____ R. _____	1000Hz L. _____ R. _____	2000 Hz: L. _____ R. _____
Signature of Person Completing Hearing Exam		Date of Hearing Exam

## HEALTH HISTORY / EXISTING CONDITIONS

If Yes, Explain Below		If Yes, Explain Below	
Head or Spinal Injuries	Yes _____ No _____	Positive Tuberculosis Test	Yes _____ No _____
Seizures, Fits, Fainting, Convulsions, or Dizziness	Yes _____ No _____	Less Than Normal Use of Arms, Hands, Legs, Feet	Yes _____ No _____
Cardiovascular Disease	Yes _____ No _____	Color Vision Deficiency	Yes _____ No _____
Blood Pressure Problems	Yes _____ No _____	Communicable Diseases	Yes _____ No _____
Neurological or Mental Disorders	Yes _____ No _____	Evidence-Alcohol of Drug Use	Yes _____ No _____
Does Applicant take any sedative drugs or blood pressure medications	Yes _____ No _____	Other:	
Blood Pressure Systolic: _____ Diastolic: _____	Lungs:		
Heart:	Nose & Throat:		
Urinalysis:	Sugar	Albumin	

Comment on Abnormal Findings:

I certify that I have examined the individual named above and find that the person  IS  IS NOT physically qualified to safely operate a vehicle.

Physician's Signature	Date of Examination	Medical License Number
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Office Address: Office Telephone Number:

## Request for Certificate of Insurance for Leased Vehicle(s)

Name of Group, Parish, or School	
Name of Contact Person Leasing Vehicle	
Telephone Number of Contact Person	(      )
Date Request Submitted	
<b>Vehicle Leasing/Rental Company Information:</b>	
Company Name	
Address	
City/State/Zip	
Telephone No.	
Facsimile No.	
Contact Person	(Optional)
Type of Vehicle	
Reservation No.	(Optional)
<b>Additional Leasing Information</b>	
Date to Pick up Vehicle	
Date to Return Vehicle	
Destination	
Name of Driver(s)	

Fax or mail completed form to: Monica Adams Diocesan Insurance Office Diocese of Kansas City-St. Joseph PO Box 419037 Kansas City, MO 64141-6037	Fax No. (816)756-0878
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## Driver Fact Sheet

Diocesan Insurance Office  
Diocese of Kansas City-St. Joseph  
PO Box 419037  
Kansas City, MO 64141-6037  
Fax: (816)756-0878

Parish/School			
Parish/School City			
<b>Driver Information</b>			
Name			
Address			
City, State, Zip			
Date of Birth		Social Security No.	
<b>Driver's License Information</b>			
Number		State of Issuance	
Class		Expiration	
Bus Permit:	Yes	or	No

Send completed form with copy of driver's license to the Diocesan Insurance Office