

**DIOCESE OF CHARLESTON  
EMPLOYEE/VOLUNTEER DRIVER APPLICATION FORM**

Parish/School/Office Name: \_\_\_\_\_ Location: \_\_\_\_\_

The volunteer or employment position for which I am applying:

Requires the operation of a motor vehicle **with children as passengers**: \_\_\_\_ Yes \_\_\_\_ No

Requires the operation of a motor vehicle **without children as passengers**: \_\_\_\_ Yes \_\_\_\_ No

**An applicant will be restricted from operating a motor vehicle with children as passengers if the applicant has:**

- two (2) or more moving violations within the past three (3)
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

**An applicant will be restricted from operating a motor vehicle as part of their job responsibilities if the applicant has:**

- three (3) or more moving violations within the past five (5) years
- an arrest or conviction for an infraction involving drugs or alcohol within the past ten (10) years
- had a revocation or suspension of driver's license within the past five (5) years
- multiple moving violations over the past ten (10) years

If your job responsibilities require driving and you do not meet the criteria, please make your supervisor aware of this situation immediately. Please note: if as an employee or volunteer you are cleared to drive as part of your responsibilities and receive a moving violation at any time, it is your responsibility to report that information to the Diocesan Safe Environment Manager immediately.

Full Name of Driver: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ (Please attach a copy of your license) State Issued: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

**PLEASE ATTACH COPY OF PROOF OF INSURANCE**

Insurance Company's Name: \_\_\_\_\_

I have the Minimum Liability Limits to drive in the Diocese of \$100,000/\$300,000 \_\_\_\_ YES \_\_\_\_ NO

My Liability Limits are: \_\_\_\_\_ (100,000/300,000 are required by the Diocese)

**Please be aware the driver's insurance is primary in any incident requiring a claim to be made.**

**Certification**

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Diocesan ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that 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 operate**. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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