



NEWARK CATHOLIC HIGH SCHOOL

1 GREEN WAVE DRIVE
NEWARK, OHIO 43055-2796
740-344-3594
FAX 740-344-0421

LAST NAME

FIRST NAME

Please Print

VOLUNTEER DRIVER INFORMATION

Please initial each item below to verify information:

_____ I have provided a photocopy of my Valid Ohio Driver's License.

_____ I have provided a valid registration for the vehicle

_____ My vehicle is insured for minimum bodily injury liability coverage limits of at least \$100,000 per person/ \$300,000 per occurrence and have provided a copy of this insurance

_____ I have had a Security background check and have provided a copy of it to the school office.

_____ I have completed the "Protecting God's Children" Training

_____ I have read, understand and agree with the terms listed in the Diocesan Cell Phone Policy. (Listed below)

The Diocese of Columbus, Self-Insurance Office has been working closely with our automobile agent to put in place loss control measures for volunteers while transporting students. The diocese is being proactive by putting a Cell Phone Policy in place.

This policy is in affect when you are transporting students, you may not use any cell phone while you are driving the vehicle. Under no circumstance is cell phone use allowed.

I have car insurance with _____ company.

I certify that this information given above is true. I understand that it is required to have the above insurance coverage in effect in any vehicle used to transport students. I realize that it is my responsibility to notify the school if there is a change in any of the above information.

I will be responsible to see that each student being transported in my vehicle is wearing a seatbelt.

I will follow the preferred route (s) to be traveled, if any.

I will be responsible for seeing that I have been given the emergency medical form corresponding to each student assigned to my vehicle.

Signature _____