



Catholic Social Services
APPROVAL FOR VOLUNTEERS TO TRANSPORT CLIENTS

Name of driver _____

Address _____

Driver's License Number _____ State ____ Expiration _____

Year, make , model of vehicle _____

Name of Insurance Co. _____

Agent _____

Liability and Underinsured Motorist Coverage Limits: _____
(attach copy of declaration page/insurance card)

Have you had any accidents or moving violations the last five years? Explain

Volunteers are not to provide clients with personal information address, phone number, place of employment, etc. Please be aware that as a volunteer your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Volunteer Driver _____

Date _____



DRIVER'S RECORD RELEASE

The undersigned does hereby authorize and empower CATHOLIC SOCIAL SERVICES, or persons employed on their behalf to inquire into driver's records prior to the date hereof or any time after the date hereof, and to consult with and to obtain copies of information contained in those files to such investigators or authorized personnel bearing this letter or photostatic copies thereof. This release waives any claimed privilege and empowers or authorizes employees of the Dept. of Public Safety to confer with CATHOLIC SOCIAL SERVICES personnel, but does not compel them to do so.

Dated: _____

By: _____
(Signature)

(Please print name)

Social Security Number

Birthdate

Driver's License Number