

Effective for one year beginning _____

DIOCESE OF ROCHESTER

Volunteer Driver Form

In New York State, coverage follows the owner of the vehicle. That is, the owner’s personal auto policy is the primary insurance in effect to cover claims arising out of an accident during a bona fide parish/school function. If a claim arising out of an accident during a bona fide function exceeds the personal auto policy, the Protected Self Insurance Program (PSIP) automobile coverage is excess to that policy and under most circumstances would respond to claims beyond the volunteer’s policy limits. Employees or volunteers who seek protection under the PSIP coverage are required to stay within the scope of their activities in terms of routes taken. In other words, coverage beyond the personal auto policy would be afforded only for “point A to point B” trips and would not respond where deviations are taken.

I. Driver

Name: _____

Date of Birth: _____ Phone: _____

Address: _____ City/Town: _____ Zip: _____

Driver’s License #: _____ State: _____

II. Vehicle that will be used

Name of owner: _____

Address of owner: _____

Year and Make: _____ Model: _____

License Plate: _____ State: _____

Registration Expires: _____ Inspection Expires: _____

If more than one vehicle will be used, information must be provided for each vehicle.

III. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy*: _____

*** Please note:** The minimum accepted liability limit for privately owned vehicles is \$300,000 per person/\$300,000 per accident for Bodily Injury and \$100,000 for Property Damage or Combined Single Limit of \$300,000.

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IV. 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 driver, I must be 21 years of age or older, hold a valid driver's license for three years or more, and have the required insurance coverage in effect. I understand that the Diocese of Rochester will not be liable for any damages to my vehicle sustained while performing duties on their behalf.

I have taken and passed the mandated CASE training (volunteers) or Safe & Sacred training (employees).

Signature

Date

V. Federal Drivers Privacy Protection Act - Authorization to Obtain Vehicle Records

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I _____ authorize the Diocese of Rochester to obtain my Motor Vehicle Record from the Department of Motor Vehicles. I understand that this record may contain personal information ⁽¹⁾ in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

In addition, should my application be accepted for employment and/ or upon my becoming an employee or volunteer for the Diocese of Rochester, I further authorize any/all additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

Signature of Volunteer

Date Signed

(1) "Personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number and medical or disability information.