



VOLUNTEER DRIVER FORM

**It is the policy of the Archdiocese to monitor all Volunteer Ministry Positions.
In addition, it is the policy of Camp Lemieux to monitor all Employed Positions.**

Note: Proof of Age, Driver’s Licence, Registration & Insurance Policy Identification Will Be Required.

Date: _____ Ministry: _____ *Camp Lemieux* _____

Name of Volunteer Driver: _____

Address: _____ Suite/Apt. #: _____

City: _____ Postal Code: _____

Phone number: (____) _____ - _____ Cell number: (____) _____ - _____

E-mail: _____ D.O.B. (dd/mm/yy) ____/____/____

Licensing Information

Driver’s Licence Number: _____ Driver’s Licence Class: _____

Driver’s Licence Expiration Date: _____

Personal Vehicle Insurance Information

Vehicle Make: _____ Vehicle Licence Number _____

Insurance Company: _____ Policy Number: _____

Insurance Coverage Amount: _____ Expiration Date: _____

Permission from Vehicle Owner (Only complete if personal vehicle is not owned by the above Driver)

I, _____, hereby give permission for my vehicle,
_____ (Vehicle Make) and Vehicle License Number _____,
to be used by the above named Volunteer Driver with the _____ *Camp Lemieux* _____ ministry.

Signature _____ Date: _____



- I have received and read the Volunteer Driver Ministry Position Description and agree to all its terms.
- I have provided proof of age, Driver's Licence, Registration & Insurance Policy identification to the Ministry Coordinator(s).
- I agree to use only the designated Camp Lemieux vehicle and/or designated Camp Lemieux Emergency vehicles for all Volunteer Driver assignments.
- I agree to provide a written, detailed report of any accident that has occurred while serving as a Volunteer Driver at the parish.
- I agree to transport at any one time no more people than the number of seat belts in my vehicle.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Volunteer Driver Liability Waiver

I, _____, (*print name*) have voluntarily agreed to provide transport for individuals to and from events or programs conducted by or sponsored by ___**Camp Lemieux**___ (*name of Ministry*). I agree to assume the risk of participation in the volunteer driving program and all activities associated with the driving program. I hereby release ___**Camp Lemieux**___ (*name of Ministry*), its employees, volunteers, Board members, advisors, parishes, and/or its agents in any location where camp activities are conducted, of and from all claims which may hereafter develop or accrue to me on account of injury, loss or damage, which may be suffered by me or to any property, because of any matter, thing, or condition, negligence or default whatsoever while participating in this program, and I hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing, or condition, negligence or default, or any person or persons whatsoever.

The person executing this release acknowledges understanding and acceptance of executing this release.

Signature: _____

Date: _____

<p><u>Camp Office Use Only:</u></p> <p>Date Received: _____</p> <p>By: _____</p>



DESIGNATED VEHICLE FOR EMERGENCY PLAN FORM

It is the policy of the Archdiocese to monitor all Volunteer Ministry Positions.

It is the policy of Camp Lemieux to monitor all Paid Ministry Positions.

Note: Proof of Registration & Insurance Policy Identification Will Be Required.

Vehicle Owner Permission For Emergency Plan Designated Vehicle

I, _____, (*print name*) hereby give permission for my vehicle to be driven by an approved Volunteer Driver for _____ **Camp Lemieux** _____ as a designated Emergency Vehicle when required as a part of Camp Lemieux’s Emergency Protocol Plan.

Vehicle Make: _____

Vehicle Licence Plate: _____

Insurance Company: _____

Policy Number: _____

Insurance Coverage Amount: _____

Coverage Expiration Date: _____

Signature _____

Date: _____

Camp Office Use Only:
Date Received: _____
By: _____