



Archdiocese of San Antonio
Claims/Risk Management Office
2718 West Woodlawn
San Antonio, Texas 78228
(210) 734-1956
(210) 734-1958 FAX

VOLUNTEER DRIVER INFORMATION FORM

This form is intended for all drivers who use their personal vehicle for church and school business. Please answer all the questions listed below. The completed form, along with a copy of the individual's driver's license and insurance card, must be kept on file at your location and will be requested by the Risk Management Office, in the event of an accident.

Have you been charged with a moving violation within the last three years?

Yes _____

If yes, please list date, location, and type of violation.

Have you been involved in a motor vehicle accident within the last three years?

Yes _____ If yes, give dates and locations of accidents and who was at fault.

Have you been arrested or charged with driving under the influence of alcohol or drugs within the last three years? Yes _____

If yes, please list date, location and explanation of charge.

If any of the above questions are answered with a "YES", contact the Risk Management Office before allowing the individual to drive.

PLEASE PRINT:

NAME: _____ PARISH: _____

CITY: _____ DATE: _____

SIGNATURE: _____ TXDL#: _____



Archdiocese of San Antonio
Claims/Risk Management Office
2718 West Woodlawn
San Antonio, Texas 78228
(210) 734-1956
(210) 734-1958 FAX

AUTHORIZATION AND RELEASE FORM FOR DRIVING RECORD SEARCHES

I do hereby release and authorize the Archdiocese of San Antonio and the Claims/Risk Management Office to perform a **driving record search**.

Name as it appears on Drivers License: _____
Last Middle First

Current Address: _____
City State Zip

Drivers License Number _____ Birth Date _____

Parish Employee/Job Title: _____

Position/Volunteer _____

Signature: _____ Date: _____

Name of Parish or Agency: _____