

**This document
must be
notarized**



TRANSPORTATION CONSENT FORM

The Diocese of Phoenix “Policy on Sexual Misconduct by Diocesan Personnel” provides that “Field trips or other outings involving minors in places and situations where no other adults are present” are to be avoided. Under this provision, Diocesan personnel transporting minors on such field trips and outings should be accompanied by another adult in the vehicle whenever possible.

Because of the limited number of participants in the After School Sports Programs of St. Thomas the Apostle Catholic School and the time of day in which program events will occur, it appears that it may not always be possible to have two adults occupying each vehicle transporting program participants.

The Diocese will permit exceptions to this policy but only upon showing by the school that: 1) a school has made reasonable efforts to have two adults present in such vehicles without success; and 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult.

To meet this second requirement, the following consent must be completed:

I, _____, as parent/guardian of _____, a student participant in the St. Thomas the Apostle Sports Program hereby consent to allow said student to travel to and from program events in a vehicle occupied by a single adult member of Diocesan Personnel (clergy, religious, seminarians, deacons, paid personnel, and volunteers) as defined in the “Policy on Sexual Misconduct by Diocesan Personnel.” This consent is given subject to the following conditions (if any):

_____.

(Signature of parent/guardian)

(Printed name of parent/guardian)

Sworn to and subscribed to before me this _____ day of _____, 20____.

(Notary Public)

My commission expires: _____



DRIVER INFORMATION FORM

 No, I will NOT be driving my child or any other child to and from games.
(If you are not driving, please check this box and sign the bottom of the form only.)

Driver

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Phone # _____
Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
_____ Year of Vehicle _____
License Plate # _____ Date of Expiration _____
Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

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 # _____ Date of Policy _____
Expiration _____ Liability Limits of Policy* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

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 volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature

Date