



Archdiocese
of Vancouver

Volunteer Driver Form

Name of Driver: _____

Address: _____

Drivers License #: _____ Province Issued: _____

Make of Vehicle: _____ Year: _____ Model: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$1,000,000 Section A)

Insurance Broker Name: _____

Driver's Abstract Attached. This can be done by phone or mail through ICBC.
<http://www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx>

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.

Thank you for helping us with our transportation needs.

Volunteer Driver Name/Signature

Ministry Coordinator Name/Signature