



**Volunteer Driver's Agreement**  
under the guidelines of the Diocese of  
Shreveport

**The following transportation agreement is made by and between St. John Berchmans Catholic School and \_\_\_\_\_ the (Transporter), of \_\_\_\_\_ (city), Louisiana.**

By our signatures it is agreed that:

1. All vehicles used for transportation of individuals shall be designed for enclosed passenger transportation, shall be licensed according to Louisiana law, and shall display a current state safety inspection sticker.
2. Transporter warrants that he or she has a valid Louisiana Operator's License; that the driver's license number supplied in this contract is for that license; that he or she has no other vehicle operator's license and has never had such a license cancelled by Louisiana or any other state or entity.
3. No more than 15 persons (including the driver) shall be transported in any one of these passenger vehicles, but in no case more than the number of seat belts available.
4. No one under the age of 21 shall be permitted to operate the vehicle.
5. The Transporter agrees to abide by the Diocesan Driver and Vehicle Safety Policies and warrants that he or she is carrying at least the minimum vehicle liability insurance required by the State of Louisiana.
6. Upon compliance with the above requirements and in consideration of the fact that the Transporter is volunteering his or her time without remuneration, the Diocese of Shreveport shall provide excess liability insurance coverage while the Transporter is Operating vehicles in compliance with the purpose and terms of this agreement.
7. By signing this Contract, Transporter authorizes the diocese, parish, or school to check with all available state agencies regarding the validity of Transporter's license and Transporter's driving record. Transporter agrees to cooperate with such an investigation and provide any necessary information to enable a license check to be made.

**IN WITNESS WHEREOF, the parties have executed and delivered this agreement as of the day and year listed on the next page.**



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(PLEASE PRINT)

Name of Driver: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_

License Plate: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Liability Limits of Policy: \_\_\_\_\_

*Please Note: Louisiana state law requires minimum Bodily Injury Liability coverage of \$10,000.00 per injured person up to a total of \$20,000.00 per accident, and Property Damage Liability coverage with a minimum limit of \$10,000.00. This basic coverage is often referred to as 10/20/10 coverage*

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 to list all accidents or moving violations they have had in the last five years: (Please indicate date, type, city, and state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be aware that as a volunteer driver, your insurance provides the primary coverage in case of an accident.

**A copy of your current driver's license and insurance card MUST BE turned in with this form.**

Thank you for helping us with our transportation needs.

Date: \_\_\_\_\_

Signature of Volunteer Driver: \_\_\_\_\_

Signature of Diocesan/Parish/School Representative: \_\_\_\_\_