

ST. VINCENT DE PAUL COLLEGE PREP

2024-2025 Volunteer Packet

Thank you for supporting the students of St. Vincent de Paul College Prep by volunteering this year.

Completed applications should be turned in to the SVCP Front Office or emailed to afalvey@svhs-pet.org or mwilson@svhs-pet.org.

Every piece must be received prior to volunteering, which means you cannot drive players or volunteer until the completed application is received.

If there is anything you are unclear about or are a returning parent unsure if anything needs to be updated, please email Alison Falvey at afalvey@svhs-pet.org or Michelle Wilson at mwilson@svhs-pet.org or call **707-763-1032**.

Volunteer Packet Checklist:

- SVCP Volunteer Emergency Contact Information Form
- SVCP Volunteer Confidentiality Agreement
- DSR Volunteer Release and Waiver of Liability Form
- DSR Acknowledgment of Code of Conduct
- DSR Online Training Registration on CMG
 - Complete Safe Haven (It's Up to You) Online Training
 - Complete Defensive Driving Curriculum Online (Drivers only - but a good idea!)

Ameriprints Locations (you may go to any place that does Live Scans)

- Request for Live Scan (**Bring this with you to the Live Scan Appointment.**)

You will be charged a fee for this service.)

- Acknowledgement of Compliance with Safe Environment Requirements
- DSR Volunteer Driver Form (Drivers only)
- Private Vehicle Use Application
- Provide a Copy of your Driver's License (Drivers only)
- Provide a Copy of your Auto Insurance Declarations Page (Drivers only)

We could not make all the opportunities for our students happen without parent volunteers. Your participation is crucial to your students' high school experiences.

THANK YOU MUSTANG PARENTS!



ST. VINCENT DE PAUL COLLEGE PREP

VOLUNTEER EMERGENCY CONTACT INFORMATION

DATE: _____

Personal Information

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Emergency Contact Information

Name of Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Second Contact (optional)

Name of Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____



ST. VINCENT DE PAUL COLLEGE PREP

VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, am a volunteer at St. Vincent de Paul College Prep, Inc. I understand that during my relationship with the school, I may become aware of or have access to confidential information or knowledge regarding employees, students, finances and operations.

I agree to maintain the confidentiality of information that is made available. I shall not disclose personal and/or confidential information to unauthorized individuals. I will not share or communicate it to others who are not directly involved with the administration of the school. In addition, I will not use any information I obtain for personal or professional use. I shall not modify or delete personal and/or confidential information unless authorized to do so. Information obtained orally, in writing, by electronic or any other means is subject to these strict limitations.

The terms of the Agreement, as described above, are accepted as of the dates set forth below by St. Vincent de Paul College Prep, Inc. and the undersigned.

Signature: _____

Printed Name: _____

Date: _____

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases _____, ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to _____ involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Safe Environment, Code of Conduct, & Vehicle Safety: I understand that my voluntary participation is based on the needs of the Nonprofit and in accordance with the Diocese of Santa Rosa Safe Environment, Code of Conduct, Vehicle Safety, and other relevant volunteer policies.
7. Proprietary & Confidential Information: I understand that I may be privy to sensitive or private information as a volunteer in order to perform my duties. I agree that I will protect the confidentiality of all sensitive information and will not disclose such information to friends, relatives, co-workers or anyone else except as permitted by the Nonprofit in order to conduct my volunteer work.
8. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature of Volunteer (Or parent/guardian if under 18)

Date

CODE OF CONDUCT FOR SCHOOL WORKERS
DIOCESE OF SANTA ROSA CODE OF CONDUCT FOR DIOCESAN PERSONNEL IN MINISTRY
OR IN PASTORAL COUNSELING WITH CHILDREN AND YOUNG PEOPLE

MINISTRY WITH MINORS

1. Minors are to be considered as restricted individuals. That is, they are not independent. Wherever they are and whatever they do must be with the explicit knowledge and consent of their parents or guardians. They are not adults and are not permitted unfettered decisions.
2. Clergy, religious, employed personnel and volunteers are to avoid all situations which place them in a position to be alone with a minor in the rectory, school or in a closed room except for a priest when hearing confessions in the confessional.
3. In meeting and pastoral counseling involving a minor, excluding the Sacrament of Penance (Confession/Reconciliation), the presence or proximity of another adult is encouraged. However, where the presence of another adult is unusual or not practical (piano lessons, disciplinary meeting with an administrator, etc.):
 - another adult should know the meeting is to take place,
 - the meeting place is accessible, not secluded, well lit with clear lines of sight into the room
 - the door must be open unless there is a clear window in the door of the meeting place.
4. An unaccompanied minor is allowed only in the professional section of the rectory or parish center, but never in the living quarters.
5. Minors, age 16 and over, are permitted to work in the rectory, parish residence, school or parish facility, if two adults (over 21 years old) are present. Minors under age 16 are not to be hired to work in any capacity for a parish, school or diocese.
6. All adult participants in ministry with minors must comply with all diocesan safe environment policies. Clearance should be verified by the Safe Environment Coordinator for the parish/school/agency of the diocese.
7. At least two adults over the age of 21 (and one the same sex as the participants) must be present when a group of minors engage in organized events or sports activities.

Note: A young adult between the ages of 18 and 21 is not permitted to supervise minors; however, under the supervision of an adult over the age of 21 he or she can participate in a supervisory capacity.
8. Clergy, religious, employed personnel and volunteers must avoid being the only adult in a bathroom, shower room, locker room, or other dressing areas whenever minors are using such facilities.
9. Youth trips of any kind must have a minimum of two adult chaperones, at least one of whom should be of the same sex as the young people. Larger groups must have at least one adult chaperone for every eight to ten minors.
10. While on trips or program activities, the adults as well as the minors may not use alcohol or controlled substances, and anyone under the influence of such substances cannot participate.
11. While on youth trips, clergy, religious, employed personnel and volunteers are never to stay alone overnight in the same motel/hotel room with a minor or minors. One adult alone is not to engage in an overnight trip with a minor or minors.
12. The sacristy door is always to be open whenever minors are present within the sacristy.
13. Comments of a sexual nature are not to be made to any minor except in response to specific classroom or otherwise legitimate questions from a minor.
14. Topics or vocabulary, such as profanity, cursing, or vulgar humor, which could not comfortably be used in the presence of parish/school administrators, parents/guardians, or another adult, are not to be used in the presence of a minor/minors.
15. Clergy, religious, employed personnel and volunteers are absolutely prohibited from serving or supplying alcohol, tobacco products, controlled substances or pornographic or other inappropriate reading materials to minors.
16. Audiovisual, music (including its lyrics), internet, and print resources must be screened prior to use to ensure their appropriateness for the participants. It is not appropriate to use an "R"-rated movie without explicit written parent permission. Movies with a stronger designation are forbidden.

17. Careful boundaries concerning physical contact with minors must be observed at all times and should only occur under public circumstances. Prudent discretion and respect must be shown before touching another person in any way.
18. Clergy, religious, employed personnel and volunteers must refrain from giving regular and/or expensive gifts to children and young people without prior approval from the parents or guardian and the pastor or administrator.
19. It is never appropriate to require children and young people to keep "secrets" from their parents, police, etc. under threat of physical harm, "punishment by God", or any other threat.
20. The use of social media or electronic communication (for example Facebook, Instagram, Snapchat, texting, emails etc.) should comply with all applicable state laws and follow appropriate boundaries. Any communication with minors via social media should be with the express permission of parents or guardians and pertain strictly to those things related to ministry.
21. No pictures of, or personal information about minors may be posted on the internet without the express written permission of their parents or guardians.
22. Should an emergency situation arise that involves a minor, appropriate authorities are to be contacted.

PASTORAL COUNSELING WITH MINORS

1. Pastoral Counseling must take place only in the professional portion of a rectory or parish facility, never in the living quarters.
2. Offices or classrooms used for pastoral counseling must have a window in the door, or the door must be open during the counseling session.
3. Unless the subject matter precludes their presence and/or knowledge, parents or guardians of minors should be made aware of the counseling session.
4. If counseling is expected to extend beyond one session with a minor, evaluation of the situation should be made with the parents or guardians.
5. Clergy, religious, employed personnel and volunteers are responsible to recognize any personal/physical attraction to or from a minor. In such a situation the minor should be immediately referred to another qualified adult or licensed profession.
6. The Sacrament of Penance (Confession/Reconciliation) must be celebrated in the confessional or reconciliation chapel or at the designated station during a penance service.

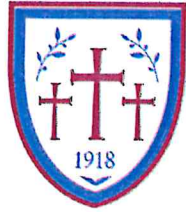
Clear violations of the Code of Conduct with minors outlined herein, must be reported **immediately** to the appropriate parish, school, civil and diocesan (Director for the Protection of Children and Young People) authorities, in accordance with civil law and this diocesan policy.

Receipt Acknowledgement:

I have read and been informed about the Diocese of Santa Rosa Code of Conduct with minors policy for clergy, religious, employed personnel and volunteers. I have received a copy of the policy and agree to abide by its guidelines as a condition of my employment and/or volunteerism. I understand that if I have questions, at any time, regarding the Code of Conduct, I will consult with my immediate supervisor or the Diocesan Director of Child and Youth Safety.

Please read the Code of Conduct policy carefully to ensure that you understand the policy before signing.

Signature: _____ Printed Name: _____ Date: _____



ST. VINCENT DE PAUL COLLEGE PREP

DIOCESE OF SANTA ROSA ONLINE TRAINING REGISTRATION Catholic Mutual Group

Volunteer Required Online Trainings:

1. Safe Haven - It's Up to You (Safe Environment Training - Santa Rosa) **required for ALL**
2. Defensive Driving Curriculum- **required for Drivers only**

All volunteers for the Diocese of Santa Rosa are required to register and complete the **Required Online Trainings** through the **Catholic Mutual Group**. **All** volunteers will need to log on to the system to take their training(s) online and review the Diocesan required policies. Account Set-up/Recovery instructions are below.

RETURNING Volunteer

If you are already registered with the Diocese of Santa Rosa, please log in with your username and password from the previous trainings you have taken. If you have forgotten the username or password, please follow the "Forgot Username &/or Password" instructions through CMG. If the username/password instructions do not come in your "inbox", check your "spam" folder. **Please DO NOT REGISTER AGAIN!**

1. Website address - <https://santarosa.cmgconnect.org/>
2. Choose the Santa Rosa Diocese in the first drop down menu
3. Choose St. Vincent de Paul College Prep, Inc. as your location (not SR Diocese)

The material in the training(s) is of a sensitive nature, please view it in a private setting.

NEW Volunteer

If you are **new** to the system you will need to create an account. Please login and complete the required information and then go to the training. **BE SURE TO LIST YOUR PRIMARY LOCATION AS ST. VINCENT DE PAUL COLLEGE PREP, INC.**

1. Website address - <https://santarosa.cmgconnect.org/> - register to access the trainings Choose the Santa Rosa Diocese in the first drop down menu
2. Choose "volunteer" option
3. Choose St. Vincent de Paul College Prep, Inc. as your location (not SR Diocese)
4. Complete the training(s) listed above under Required Online Trainings

The material in the training(s) is of a sensitive nature, please view it in a private setting.



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(707)588-9866

Monday - Friday:

9am - 6pm

Saturdays

10am-3pm

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FBI Channeling services for DOCE and NFUF Federal Background Checks within minutes

*Rohnert Park and Santa Rosa Locations ONLY



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3005 VOLUNTEER
 ORI (Code assigned by DOJ) Authorized Applicant Type

SCHOOL VOLUNTEER
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Roman Catholic Bishop of Santa Rosa 00758
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

P.O. Box 1297 Fatima Jimenez
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Santa Rosa CA 95402 (707) 566-3308
 City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color
Billing Number

Place of Birth (State or Country) Social Security Number
Misc. Number
(Other Identification Number)

Home Address City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional)

City _____ State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator _____ Date

Transmitting Agency _____ LSID ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

**Acknowledgment of Compliance with Safe Environment Requirements for the
Diocese of Santa Rosa**

I understand that all adults acting in a staff, faculty, ministerial or other paid or volunteer position in the Diocese of Santa Rosa are role models who are called to treat each minor with respect and care. All clergy, staff members, faculty, and volunteers serving in a paid or volunteer position must maintain professional relationships with minors both on and off parish or school property.

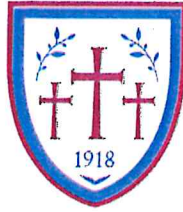
I acknowledge that I have completed the Safe Environment Requirements for the Diocese of Santa Rosa. I have submitted fingerprints to the California Department of Justice for review by the diocese and have completed the online safe environment training. I further acknowledge receipt of the diocesan Code of Conduct and agree to abide by it. I also acknowledge that by diocesan policy I am mandated to report any known or suspected incidents of child abuse involving school/parish/diocesan personnel to both the appropriate civil authorities and the diocesan Director of the Office of Child and Youth Protection.

Activity or Event(s) in which I am involved: Volunteering at St. Vincent de Paul College Prep, Inc.

Name (please print legibly): _____

Signature: _____

Date: _____



ST. VINCENT DE PAUL COLLEGE PREP

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 Required)

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

TRUE **FALSE**

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.

2. I have NOTE had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years.

3. I have had no more than three moving violations or accidents in the last three years.

Please be aware that as a parent volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. 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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date

PRIVATE VEHICLE USE APPLICATION

Vehicle: _____

Year

Make

Model

Vehicle Identification Number: _____

License Plate #: _____ State: _____ Expiration: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Automobile Insurance Company: _____

Agent's Name: _____ Phone: _____

PLEASE BE AWARE:

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE. THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY.

This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I understand that I must be 21 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 others. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.

Signature _____

Date _____

Thank you for helping us with our transportation needs!