CATHOLIC DIOCESE of SALINA

1A. ADULT

DRIVING

August 1, 2026- August 31, 2027

Combination of:
- Checklist A
- Checklist B
- Form E
- Form E-1
- Form K

Form A no longer required

This is an **ANNUAL** adult driver form valid for the school year listed above. Any adult volunteer, chaperone, or employee who may transport minors during the school year must complete this form. A completed copy must be maintained at the parish/school level. A copy must also be submitted to the Diocese of Salina, Office of Youth Ministry, for those participating in Diocesan Youth Ministry events.

1. ADULT VOLUNTEER INFORMATION

Full Legal Name: _____

Phone Number: _____

Email Address: _____

2. ASSUMPTION OF RISK & RELEASE OF LIABILITY

I understand that participation in parish/youth ministry activities may involve inherent risks. I voluntarily assume these risks and agree, on behalf of myself, my heirs, assigns, executors, and personal representatives, to release and hold harmless the parish, school, Diocese of Salina, and their officers, employees, and volunteers from claims arising from participation in these activities, except for claims arising from gross negligence or willful misconduct.

Volunteer Signature: _____ Date: _____

3. DRIVER CERTIFICATION

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE

I certify that:

- I have not been convicted of and do not currently have a pending Driving Under the Influence charge.
- I have not had more than one moving violation within the past two (2) years.

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 21 years of age or older, possess a valid driver's license, maintain current vehicle registration, and have the required coverage in effect on any vehicle used to transport the children.

Volunteer Signature: _____ Date: _____

4. VEHICLE INFORMATION

(Completed only if you will be transporting minors IN A PRIVATELY OWNED VEHICLE AT ANY POINT within the school year listed above)

Vehicle Owner (if different from driver): _____

License Plate Number: _____

Registration Expiration Date: _____

5. INSURANCE INFORMATION

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD

- I certify that my vehicle is insured and meets the minimum diocesan liability limits of $100,000/person, $300,000/bodily injury occurrence and $50,000/property damage. YES ☐ NO ☐
- I understand that my automobile insurance is the primary coverage in the event of an accident. YES ☐ NO ☐

Volunteer Signature: _____ Date: _____

6. Self-Reporting

I agree to immediately notify the parish/school/diocese if my driver's license is suspended, restricted, revoked, or if I am charged with or convicted of a driving offense that would affect my eligibility to transport minors.

Volunteer Signature: _____ Date: _____

7. COORDINATOR CERTIFICATION

(Completed by parish/school safety coordinator)

VOLUNTEER VERIFICATION

- Has completed Safe Environment Training and background check through CMG Connect YES ☐ NO ☐

DRIVER VERIFICATION (if applicable)

- Has valid, non-restricted license (COPY ATTACHED) YES ☐ NO ☐
- Has completed CMGConnect Defensive Driving Curriculum YES ☐ NO ☐
- Kansas driver's license status record checked through https://www.kdor.ks.gov/apps/DLstatus/login.aspx YES ☐ NO ☐

ADDITIONAL DRIVER-OWNER OF VEHICLE VERIFICATION (if applicable)

- Current vehicle registration verified (COPY ATTACHED) YES ☐ NO ☐
- Vehicle has restraint system for every passenger YES ☐ NO ☐
- Driver has been informed that their insurance is primary coverage YES ☐ NO ☐
- Has insurance (COPY ATTACHED) YES ☐ NO ☐

SAFE ENVIRONMENT DATES:

CMG Certification Date: _____

Defensive Driving Date (if applicable): _____

Safety Coordinator Signature: _____ Date: _____

8. FINAL APPROVAL

(Completed by parish/school safety coordinator)

☐ Approved to serve and transport minors

☐ Not Approved

Principal/Priest Signature: _____ Date: _____

Comments: _____