

DIOCESE OF OWENSBORO ACTIVITY INFORMATION FORM

Parish/School/Institution _____ Date _____

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation, under the guidance and supervision of employees and/or volunteers. A brief description of the activity follows:

Destination _____

Educational Objective (for School) or Other Purpose _____

Planned Activities _____

Lead Supervisor of the Event _____

Date, Time, and Location of Departure _____

Participants may not be dropped off before _____

Anticipated Time and Location of Return _____

****Participants may not be left unattended upon return so be on time please!****

Method of Transportation _____

(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) _____

Total Cost _____ Other Details: _____

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Please return this bottom portion to the designated supervisor of the event: _____

Name and Date of Activity _____

Name of Participant _____

Parent/Guardian Phone (Home) _____ **Phone (Work/Cell)** _____

In an emergency someone other than parent/guardian

Emergency Contact Available during Event (Other than Parent/Guardian):

Name: _____ Phone (Home) _____

Phone (Work) _____ Phone (Other) _____

X _____

Parent/Guardian Signature

Date

**In signing this, parent/guardian is agreeing to pick up participant on time.

(OVER)

LIABILITY RELEASE--PARENT/GUARDIAN COPY

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

(This top portion is to be kept by the parent or guardian so they have all relevant information about the activity.)

Parent/guardian Signature _____ Date _____
Adult witness to Signature _____ Date _____
Received by _____ Date _____
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

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LIABILITY RELEASE--PARISH/SCHOOL/DIOCESAN COPY

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VOLUNTEER DRIVERS FORM FOR THE DIOCESE OF OWENSBORO

Today's Date: _____ **Parish/School/Institution:** _____

- Drivers agree to abide by all safety and traffic laws.
- It is expected that all volunteer drivers will abide by the Kentucky seat belt law. A separate seatbelt must be worn by every individual in a privately owned vehicle.
- Drivers should not place anyone weighing less than 100 pounds near a vehicle's air bag.
- Drivers should drive directly to and from designated locations without unnecessary stops except for emergencies.
- The possession of firearms for the transportation, events, meetings, to include all participation etc., involving youth and adults is strictly prohibited. (See Safe Environment Policy, p.6)
- All privately owned vehicle's insurance is primary.

Name of Driver: _____ **Date of Birth:** _____

Address of Driver: _____

Year, Make, and Model of Vehicle: _____

(NOTE: The use of 11-15 (including driver) passenger vans to transport passengers is strictly prohibited.)

Driver's License: State Issued ____ **License #** _____ **Expiration Date** _____

Individual's Insurance Co. Name: _____

Effective Date of Insurance ____/____/____

Agent's Name: _____ **Phone:** (____) _____ - _____

Event Date(s) Covered by This Form: _____

Destination of This Trip: _____

To provide for the safety of our young people, other members of the parish/institution, and those we serve, we cannot use your services as a volunteer driver if you do not have a current, valid driver's license and insurance on your vehicle. Please take a minute to answer the following statements.

Have you ever received a citation for or been convicted of:

	YES	NO	DATE
A. Driving under the influence of alcohol or drugs?.....	_____	_____	_____
B. Hit and run?.....	_____	_____	_____
C. Failure to report an accident?.....	_____	_____	_____
D. Negligent homicide arising out of the use of a motor vehicle?.....	_____	_____	_____
E. Using a motor vehicle for the commission of a felony?.....	_____	_____	_____
F. Permitting an unlicensed person to drive?.....	_____	_____	_____
G. Reckless driving?.....	_____	_____	_____
H. Drag racing/speed contest?.....	_____	_____	_____
I. Moving violations?.....	_____	_____	_____
J. Have you ever been convicted of a felony of any kind?.....	_____	_____	_____
K. Operating motor vehicle while license suspended, revoked, or forfeited? _____	_____	_____	_____
L. Using a motor vehicle without the owner's authority?.....	_____	_____	_____

(OVER)

