

God is
Spoken
of Here.

Young People Who Care, Inc.

P.O. Box 129
Frenchville, PA 16836

Executive Board:

Sr. Therese Dush
Sr. Ruth Ann Madera
Sr. Suzanne Thibault
Sr. Karen Willenbring

Life Line

Clearfield (814) 765-3225
Philipsburg (814) 343-4761

Bethany Retreat Center

Adult (814) 263-4855
Youth (814) 263-4177

Marian House

(814) 765-5646
United Way Member

Advisory Board:

Alan Hannibal - President
Carol Baker - Vice Pres.
Rev. Philip Billotte
Dr. Ralph Cardamone
Attorney Timothy Durant
Patricia Miller
James Collins
Shari Collins
Kenneth Pasch
Kate Pasch

Bethany Youth Center Volunteer Driver Form – Driver and Car Insurance Information

Volunteers who drive students during the Young People Who Care Summer Program must be at least 21 years of age when their stay begins.

All vehicles must have working restraints for the driver and each passenger. Restraints must be used by every driver and passenger, whenever riding in the vehicle.

The minimal, acceptable liability limit for privately owned vehicles is \$100,000 per person/\$300,000 per accident. However, if the diocese of the driver requires greater coverage, the Driver's insurance coverage must meet or exceed those requirements.

Drivers must also submit the *Certificate of Successful Completion of a "safe environment" program for volunteers who are in positions of trust with children and young people.*

Mission Statement

Young People Who Care, Inc. is a Catholic grassroots ministry. YPWC provides a wide, ecumenical circle of care among those who give and those who receive. Its members are committed to creating a holistic and nonjudgmental environment where the exchange of culture, education and training empower individuals and groups. While adapting to changing times and needs, prayer, hospitality, simplicity and service remain constant characteristics of Young People Who Care, Inc.

I. Driver

Name: _____
Date of Birth: _____ Social Security #: _____
Address: _____ City/Town/State _____ ZIP _____
Phone: _____ Cell Phone: _____
Driver's License #: _____

II. Vehicle that will be used

Name of owner: _____
Address of owner: _____
Year and Make: _____ Model: _____
License Plate: _____ State: _____
Registration Expires: _____ Inspection Expires: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance Information: When using a privately owned vehicle, "Liability Limits" are considered to be the limits of the policy in place for the vehicle noted above.

Insurance Company: _____
Policy Number: _____
Expiration Date: _____
Liability Limits of Policy*: _____

* **Please note:** The minimal, acceptable liability limit for privately owned vehicles is \$100,000 per person/\$300,000 per accident.

IV. Certification

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, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature _____ Date _____

Email: bethanyouthcenter@gmail.com
Website: www.ypwcministries.org

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Email: bethanyouthcenter@gmail.com Director: Sr. Suzanne Thibault, C.A.