

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 wholistic 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](mailto:bethanyouthcenter@gmail.com)  
Website: [www.ypwcministries.org](http://www.ypwcministries.org)

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Email: [bethanyouthcenter@gmail.com](mailto:bethanyouthcenter@gmail.com) Director: Sr. Suzanne Thibault, C.A.