



Driver Information Sheet

DRIVER

NAME _____ DATE OF BIRTH _____

ADDRESS _____ SOCIAL SECURITY # _____

_____ PHONE # _____

DRIVER'S LICENSE # _____ DATE OF EXPIRATION _____

VEHICLE THAT WILL BE USED

NAME OF OWNER _____ MODEL OF VEHICLE _____

ADDRESS OF OWNER _____ MAKE OF VEHICLE _____

_____ YEAR OF VEHICLE _____

LICENSE PLATE # _____ REGISTRATION EXPIRATION DATE _____

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

INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY # _____ DATE OF POLICY EXPIRATION _____

LIABILITY LIMITS OF POLICY* _____

*(*Please note: Minimal acceptable liability limit for privately-owned vehicles if \$100,000/\$300,000)*

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protections should a claim exceed the limits of your policy.

ALL DRIVERS MUST PROVIDE A COPY OF THEIR CURRENT AUTO INSURANCE CARD.

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, 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 students.

SIGNATURE

DATE

