



DRIVER INFORMATION SHEET

DRIVER: _____
 NAME DATE OF BIRTH

 ADDRESS CITY STATE ZIP

 PHONE DRIVER'S LICENSE NUMBER DATE OF EXPIRATION

VEHICLE THAT WILL BE USED: _____
 NAME OF OWNER

 VEHICLE MAKE MODEL YEAR NUMBER OF SEATS WITH FUNCTIONAL SEAT RESTRAINTS: _____

 ADDRESS OF OWNER CITY STATE ZIP

 LICENSE PLATE NUMBER DATE OF EXPIRATION REGISTRATION EXPIRATION DATE

 SIGNATURE DATE

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

INSURANCE INFORMATION*: _____
 INSURANCE COMPANY POLICY NUMBER

 DATE OF POLICY EXPIRATION LIABILITY LIMITS OF POLICY**

*When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

**Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$25,000/\$50,000/\$25,000

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 note that as a volunteer driver, your insurance is primary.

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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

 SIGNATURE DATE