

VOLUNTEER DRIVER INFORMATION FORM 2019 20

I. Driver:

Name _____ Date of Birth _____
Address _____ Phone # _____
City _____ Zip Code _____
Driver License # _____

II. Vehicle that will be used:

Name of Owner _____ Year & Make _____
Owner Address _____ Model _____
License Plate _____ Registration Expires _____
Number of Seats with Belts _____

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, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

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

***Please note:** As of March 2004: The minimal, acceptable liability for privately owned vehicles is \$250,000/\$500,000. It is recommended that parents consider expanding coverage to \$500,000.00 CSL (Combined Single Limit). The additional coverage is considered appropriate protection and, generally, inexpensive to purchase.

IV. Protecting God's Children:

Completion of Protecting God's Children workshop is required in order to be a volunteer driver.

Parish where workshop was completed: _____

Year completed: _____

V. Certification:

I hereby 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)

It is recommended that a photocopy of the driver's valid driver's license and auto insurance policy be attached to this form.

August 2019