

DRIVER INFORMATION SHEET

Driver	
Name	Date of Birth:
Address:	Home Phone:
	Cell 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 #:	Date of Expiration:
Insurance Information Insurance Company:	Liability Limits of Policy*:
(*Please note: The minimal accentable	liability limit for privately-owned vehicles is
<i>\$100,000/\$300,000)</i> In order to provide for the safety of our	students or other members of the parish/school and teer driver to answer the following questions:
 I have NOT had a conviction for ar drugs or alcohol (such as driving u driving while intoxicated) in the last 	inder the influence or
2. I have NOT had two or more conv involving drugs or alcohol (such as influence or driving while intoxica	s driving under the
I have had no more than three mo accidents in the last three years?	oving violations or

Please be aware that as a volunteer driver, your insurance is primary. Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. 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