

HOLY FAMILY CATHOLIC SCHOOL VOLUNTEER DRIVER INFORMATION SHEET

PLEASE PRINT LEGIBLY

Driver Name: _____ DOB: _____

Address: _____
_____ Phone: _____

Driver's License #: _____

Vehicle Owner Name: _____

Address of Owner: _____

Vehicle Manufacturer: _____ Model: _____ Year: _____

License Plate #: _____ Registration Expires: _____

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

Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

***Please note: The minimal, acceptable liability limit for privately owned vehicles is \$250,000/\$500,000.**

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy*: _____

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. I understand that seat belts must be worn by all participants at all times.

Signature

Date

