

Diocesan Policy Concerning Supervision of Youth Trips & Other Functions

VOLUNTEER DRIVER INFORMATION FORM

If private vehicles are being used, this form MUST be submitted with the Parent Request to Participate and Medical release form. Your insurance is the primary carrier in the event of an accident.

1. Driver

Name _____ Date of Birth _____
Address _____ Social Security# _____
_____ Phone _____
Driver's License# _____

2. Vehicle that will be used

Name of Owner _____ Year & Make _____
Address _____ Model _____
_____ License Plate _____
Registration Expires _____ Inspection Expires _____

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

3. Insurance Information

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

Insurance company _____
Policy number _____
Expiration Date _____
Liability Limits of Policy* _____

*** Please note:** *The required minimum liability limits for privately owned vehicles is \$100,000/\$300,000. An additional \$1 million umbrella is recommended, though not required.*

4. 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, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. I agree to follow all rules of the road and the guidelines regarding supervision of minors.

Signature: _____

Date: ____ / ____ / ____