

DIOCESE OF GARY  
VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
\_\_\_\_\_

Driver's License # \_\_\_\_\_

Issued by the State of \_\_\_\_\_

II. Vehicle that will be used:

Name of Owner \_\_\_\_\_ Year and Make \_\_\_\_\_

Address of Owner \_\_\_\_\_ Model \_\_\_\_\_

\_\_\_\_\_ License Plate # \_\_\_\_\_

Registration Expires \_\_\_\_\_ License Plate State \_\_\_\_\_

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 limits of the insurance policy covering that specific vehicle.

Insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

\*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000

IV. 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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)