

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)