

RECOMMENDED VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:

Name: _____ Date of Birth: _____

Address: _____ Social Security # _____

_____ Phone: _____

Driver's License # _____

II. Vehicle That Will Be Used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

_____ License Plate: _____

Registration Expires: _____

*** If more than one vehicle is to be used, required 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 limits for privately owned vehicles is \$500,000 CSL (Combined Single Limit – which is recommended by the Diocese – Not mandatory)**

III. 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 am 21 years of age or older, hold a valid non-probationary driver's license, have no physical disability that may impair my ability to drive safely, and have required insurance coverage in effect on any vehicle used to transport students.

(Signature) Date: _____

Rule

Adopted: December 1, 1988

Revised: May 10, 2001

Updated: February 2002

Updated: January 2003

DIOCESE OF MARQUETTE
Marquette, Michigan