



VOLUNTEER DRIVER INFORMATION FORM

I. DRIVER

Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Phone _____

Driver's License # _____

II. VEHICLE THAT WILL BE USED

Name of Owner _____ Year & Make _____

Address of Owner _____ Model _____

_____ License Plate _____

Registration Expires _____ Inspection Expires _____

Number of Seat Belts that Operate _____

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

THE DRIVER WILL COMPLY WITH ALL DIOCESE OF YOUNGSTOWN CHILD PROTECTION POLICY AND SCHOOL FIELD TRIP DIRECTIVES INCLUDING THE USE OF SEAT BELTS FOR ALL PASSENGERS.