

VOLUNTEER DRIVER INFORMATION SHEET

Name of Parish _____

I. DRIVER:
Name _____ Date of Birth _____
Address _____ Social Security No. _____

Phone No. _____
Driver's License No. _____

II. VEHICLE THAT WILL BE USED:
Name of Owner _____ Year and Make _____
Address of Owner _____ Model _____

License Plate _____
Registration Expires _____ Inspection Expires _____

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