

Volunteer Driver Information Form



Diocese of Alexandria

(Your insurance is the primary carrier in the event of an accident.)

Driver:

Name: _____

Date of birth ____/____/____

Address: _____

SS # ____-____-____

Phone _____

Driver's License #: _____

Vehicle that will be used:

Name of Owner: _____

Year & Make: _____

Address: _____

Model: _____

License Plate: _____

Registration Expires: _____

Inspection Expires: _____

(If more than one vehicle is to be used, requested information must be provided for each vehicle.)

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 be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.)

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 insurance coverage in effect on any vehicle used to transport minors. I agree to follow all rules of the road and the guidelines regarding supervision of minors.

Signature: _____ Date: ____/____/____

Church/School representing: _____