

Volunteer Driver Information Sheet

Archdiocese of Milwaukee Form #6153-C

I. Driver: Name: _____ 23 yrs or older: Y: ___ N: ___

Address: _____ Phone: _____

City: _____ Zip: _____

Driver's License Number: _____

Date of birth (necessary to check driver record)* _____

(* As a volunteer driver for this parish/organization, your driver record on file with the Wisconsin Department of Transportation may be requested and reviewed.)

II. Vehicle that will be used:

Name of Owner: _____

Address of Owner: _____

Year and Make: _____ 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 for privately owned vehicles in \$100,000/\$300,000.)

IV. Driving record:

Do you have an alcohol or drug-related driving arrest within the past five years? _____ Yes _____ No

Do you have more than three moving violations within the past three years? _____ Yes _____ No

Has your license been suspended or revoked in the past three years: _____ Yes _____ No

If the answer to any of the above questions is yes, you are NOT an approved driver for the parish/school until your driver record with the DMV has been reviewed and approved by a representative of Catholic Mutual.

V. 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 yrs. 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 _____