

**DIOCESE OF SHREVEPORT YOUTH MINISTRY  
DRIVER INFORMATION FORM**

*Use a separate form for each driver and vehicle*

**Driver**

Name Date of Birth  
Address SSN  
Cell Phone  
Driver's License # Date of Expiration State Issued

**Vehicle That Will Be Used**

Name of Owner Model  
Address Year and Make  
License Plate # Date of Expiration  
Registration Expiration

If you are not the registered owner of the vehicle/s you will be using, do you have the owner's permission to drive the vehicle?      Yes No

To the best of your knowledge, is the vehicle in good working order and is it properly maintained (oil changes, brakes checked, tires checked, etc.)?      Yes No

Have you had any accidents or moving violations in the past three years?      Yes No  
If yes, please specify, including date

**Insurance Information**

Please be aware that as a driver, your insurance is primary unless vehicle driven is owned by church/agency/school.

Insurance Company

Policy # Date of Policy Expiration

Liability Limits of Policy

(\*Please note: The minimal, acceptable liability limits for privately-held vehicles is \$100,000/\$300,000)

**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 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have insurance coverage in effect on any vehicle used to transport participants of the event.

**Signature**

**Date**