

ARCHDIOCESE OF PORTLAND DRIVER INFORMATION SHEET

I: DRIVER Employee Volunteer

Name: _____ Date of Birth: _____

Address: _____

Driver's License #: _____ Date of Expiration: _____

Any Restrictions? Yes No Please Explain: _____

II. VEHICLE THAT WILL BE USED

Name of Owner: _____

Address of Owner: _____

Make & Model of Vehicle: _____ Year of Vehicle: _____

License Plate#: _____ # of Seat Belts Available: _____

III. INSURANCE INFORMATION

When volunteers or employees are using their privately-owned vehicle(s), the vehicle's insurance coverage will always be considered *primary*. Please attach a copy of the declaration page of your current policy or complete the following information:

Insurance Company: _____

Policy Number: _____

Date of Policy Expiration: _____

Liability limits of policy*: _____

*Please note: The Archdiocese requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000/\$50,000/\$10,000.

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 an employee or volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used on behalf of the Archdiocese of Portland.

Signature

Date

Thank you for providing this information
