

Diocese of Grand Rapids

Volunteer Driver Information Sheet

I. Driver:

Name: _____ Date of Birth: _____

Address: _____ Soc. Sec. #: _____

II. Vehicle that will be used:

Name of Owner: _____ Year & 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 \$300,000, or \$500,000 Combined Single Limit (CSL).

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 children.

(Signature)