

**Driver**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_

\_\_\_\_\_

Cell phone # \_\_\_\_\_

Driver License # \_\_\_\_\_

Date of Expiration \_\_\_\_\_

**Vehicle That Will Be Used**

Name of Owner \_\_\_\_\_

Model of Vehicle \_\_\_\_\_

Address of Owner \_\_\_\_\_

Make of Vehicle \_\_\_\_\_

\_\_\_\_\_

Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

**Insurance Information**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

\*Please note: The minimal, acceptable limit for privately-owned vehicles is \$100,000/\$300,000.

**Accident Record for Past 3 Years (Attach Sheet If More Space is Needed.)**

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Past accident:			
Next previous:			

**Traffic Convictions and Forfeitures For the Past 3 Years (Other Than Parking Violations)**

Location (City & State)	Date	Charge	Penalty

**Certification**

I certify that the information given on this form is true and correct to the best of my ability. I understand that as a 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 to transport students.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please keep this form on file at the parish or school for four years.