

DIOCESE OF ALEXANDRIA

VOLUNTEER DRIVER INFORMATION FORM

(Your insurance is the primary carrier in the event of an accident.)

1. Driver:

Name _____

Date of birth ____/____/____

Address _____

SS # _____-_____-_____

Phone _____

Driver's License # _____

2. Vehicle that will be used:

Name of Owner _____

Year & Make _____

Address _____

Model _____

License Plate _____

Registration Expires _____

Inspection Expires _____

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

3. 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 be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

4. 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 insurance coverage in effect on any vehicle used to transport minors. I agree to follow all rules of the road and the guidelines regarding supervision of minors.

Signature: _____

Date: ____/____/____

Church/School representing: _____