

VOLUNTEER DRIVER INFORMATION FORM

I. DRIVER

Name	Home Phone
Address	Cell Phone
	Email
Driver's License #	

II. VEHICLE THAT WILL BE USED

Name of Owner	Year & Make
Address of Owner	Model
	License Plate
Registration Expires	Inspection Expires
Number of Seat Belts that Operate	State of Registration

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 terms of the insurance policy covering that specific vehicle apply. Insurance Company ______ Insurance Company ______ Policy Number ______ Expiration Date ______ Liability Limits of Policy * ______ Insurance Company * _______

PLEASE NOTE: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

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 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 use to transport others.

Signature

Date

The driver and the second adult must be in full compliance with the Diocese of Youngstown Child Protection Policy. The use of seat belts for all persons in the vehicle is required.