
Volunteer Driver Information form

I. Driver

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Cell Phone # _____
Driver's License # _____ Home Phone # _____

II. Vehicle(s)* That Will Be Used

Name of Owner _____ Year and Make _____
Address of Owner _____ Model _____
_____ License Plate # _____
Date Registration Expires _____

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

III. Insurance Information (NOTE: 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 limits for privately owned vehicles is \$500,000 CSL (Combined Single Limit).

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 am 21 years of age or older, hold a valid non-probationary driver's license, have no physical disability that may impair my ability to drive safely, and have required insurance coverage in effect on any vehicle used to transport students.

(Driver's Name – Print)

(Driver's Signature)

(Date)

Adapted from the Recommended Volunteer Driver Information Sheet of the Diocese of Marquette, Michigan

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Questions? Call 415.673.5015. Go to diocal.org for updates.

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