

ARCHDIOCESE OF MOBILE DRIVER INFORMATION SHEET

Driver

Name _____ Date of Birth _____
Address _____ Driver's License # _____
_____ Date of Expiration _____
Phone # _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
_____ Year of Vehicle _____
License Plate # _____ Date of Expiration _____

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

I can accommodate _____ students with seat belts. Please note, all passengers under the age of 13, must be restrained in the rear passenger seat of vehicles.

Insurance Information

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

Insurance Company _____ Policy # _____
Date of Policy Expiration _____ Policy Liability Limits* _____

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

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last five years:

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.

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, 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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date