

VOLUNTEER DRIVER INFORMATION SHEET

I. Driver's name: _____ 21 or more years of age:

Address: _____ Yes _____ No

_____ Phone _____

Driver's license number: _____

Date of birth (necessary to check driver record)* : _____

(* As a volunteer driver for this parish/organization, your driver record on file with the Wisconsin Department of Transportation may be requested and reviewed.)

II. Vehicle that will be used:

Name of owner: _____

Address of owner: _____

Year and make: _____ Model: _____

License plate: _____

Registration expires: _____ Inspection expires: _____

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 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 limit for privately owned vehicles is \$100,000/\$300,000.)

IV. Driving record:

Do you have an alcohol or drug-related driving arrest within the past five years? _____ Yes _____ No

Do you have more than three moving violations within the past three years? _____ Yes _____ No

Has your license been suspended or revoked in the past three years? _____ Yes _____ No

If the answer to any of the above questions is yes, you are NOT an approved volunteer driver for the parish/school until your driver record with the DMV has been reviewed and approved by a representative of Catholic Mutual.

V. 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 used to transport students.

(Signature)

(Date)