

DIOCESE OF GAYLORD
VOLUNTEER DRIVER INFORMATION SHEET
(Drivers must be 21 years of age or older)

DRIVER INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ Phone: () _____

Social Security Number: ____/____/____ Driver's License Number: _____

Have you ever been issued a citation for a moving violation/traffic accident within the last 3 years?

Yes No (circle) If yes, please give dates and explain:

Have you ever been involved in a traffic accident within the last 3 years? Yes No (circle)

If Yes, please give dates and explain:

Do you have any medical condition or physical disability that may impair your ability to drive safely? Yes No (circle) If Yes, please explain:

VEHICLE TO BE USED INFORMATION:

Name of Owner: _____ License Plate Number: _____

Address of Owner: _____ Year/Make/Model: _____

Registration Expiration Date: _____

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

(OVER)

INSURANCE INFORMATION:

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

Insurance Company _____ Address _____

Expiration Date _____ Phone () _____

Policy Number _____

Does your policy meet minimal requirements? Yes or No (circle)

***Please Note:** the minimal, acceptable liability limit for privately owned vehicles is \$500,000.

CERTIFICATION:

I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, have the required insurance coverage in effect on any vehicle used to transport students. I certify that the information given on this form is true and correct to the best of my knowledge.

Driver Signature

Date