

**DIOCESE OF GAYLORD  
VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET**

**I. Driver:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

**II. Vehicle that will be used:**

**Name of owner:** \_\_\_\_\_ **Year and make:** \_\_\_\_\_

**Address of owner:** \_\_\_\_\_ **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: the insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.**

**Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Liability limits of Policy\*:** \_\_\_\_\_

**\*Please Note:** The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person \$500,000 per occurrence are acceptable.

**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/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**V. Recommendation:**

Only experienced drivers, i.e. 19 or over, should transport students.

Chaperones must also be 21 years old or older.

**CHEBOYGAN AREA SCHOOLS**  
**TRANSPORTATION INFORMATION FORM**  
**PICK-UP AND DROP-OFF SITES**  
 RETURN THIS FORM TO YOUR CHILD'S SCHOOL AT LEAST 24 HOURS IN ADVANCE

Name of School \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
 If kindergarten: A.M. P.M.  
 (Circle One)

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Street Address NOT P.O. BOX NUMBER

**HOME:**

A. PICK-UPSITE M T W T F (CIRCLE)

A. DROP-OFFSITE M T W T F (CIRCLE)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**DAY CARE:**

B. PICK-UPSITE M T W T F (CIRCLE)

B. DROP-OFFSITE M T W T F (CIRCLE)

DAYS WILL VARY \_\_\_\_\_ (CHECK HERE)

DAYS WILL VARY \_\_\_\_\_ (CHECK HERE)

(If days will vary, parent will call Bus Garage (627-4422) each week with schedule)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**ALTERNATE DAY CARE OR OTHER:**

If it's for one day only, put date \_\_\_\_\_

If it will be occasionally, as requested, check here \_\_\_\_\_ (Parent will call Bus Garage (627-4422) when this occurs)

C. PICK-UPSITE M T W T F (CIRCLE)

C. DROP-OFFSITE M T W T F (CIRCLE)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**FOR SCHOOL SECRETARIES:**  
 Yellow copy to Bus Garage

\_\_\_\_\_ PARENTS SIGNATURE