



Our Lady of the Angels School

VOLUNTEER DRIVER INFORMATION SHEET

I. Driver: Name _____ Date of Birth _____
 Address _____ Social Security # _____
 _____ Phone _____
 Driver's License # _____ State Issued _____

II. Vehicle that will be used:

Name of Owner _____ Year/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:

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 \$300,000 minimum Bodily Injury/Property Damage Combined Single Limit; \$35,000 Combined Single Limit for Uninsured Motorist; \$35,000 Combined Single Limit for Underinsured Motorist.

Have you had any moving violations or accidents in the last 3 years? Yes _____ No _____
(If yes, describe on the reverse of this form)

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 of Driver _____ Date _____

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