

**DIOCESE OF CHARLOTTE
CATHOLIC SCHOOLS OFFICE**

VOLUNTEER DRIVER INFORMATION FORM

2019 – 2020

(New Form Must be Completed Each Year)

Driver:

Name _____ Date of Birth _____

Address _____

_____ Phone # _____

Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used:

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Inspection Expiration _____

Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle. (Please list additional vehicles on the reverse side of this document).

Insurance Information

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

Insurance Company _____

Policy # _____ Date of Policy Expiration _____

Liability Limits of Policy* _____

***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 youth 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 past three 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, hold a valid driver's license, have not received more than 3 moving violations in the past 3 years, have the proper and current license plates 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 unless responding to an emergency situation. I also certify that I have completed the Protecting God's Children workshop and have had the volunteer background check completed.

Signature

Date

Student's Name(s) _____

School _____

Grade(s) _____