

DIOCESE OF GRAND RAPIDS
VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

II. Vehicle that will be used:

Name of Owner: _____ Year & Make: _____

Address of Owner: _____ Model #: _____

_____ License Plate: _____

Registrations 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 specified vehicle.

Insurance Company: _____

Policy #: _____

Expiration Date: _____

Liability Limits of Policy*: _____

*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$300,000 or \$500,000 Combined Single Limit (CSL).

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 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 children.

(Signature) (Date)