

**DIOCESE OF CHARLOTTE
CATHOLIC SCHOOLS OFFICE**

**VOLUNTEER DRIVER INFORMATION FORM
2014 – 2015
(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 _____

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.

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 the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. 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) _____