

DRIVER INFORMATION FORM

Joliet Diocese

PARISH _____ CITY _____

DRIVER

Name _____ Birth date _____

Address _____ SSN _____

_____ Phone _____

Driver's License # _____ Exp. Date _____

VEHICLES THAT WILL BE USED

Name of Owner _____ Vehicle Model _____

Owner Address _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Exp. Date _____

INSURANCE INFORMATION

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

Policy in the name of _____

Insurance Company _____

Policy Number _____

Exp. Date _____

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, possess 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.

Signature _____ Date _____