

DIOCESE OF STOCKTON

DRIVER INFORMATION FORM

I. Driver Employee Volunteer

Name: _____ Date of Birth: _____

Address: _____

Drivers License #: _____ Date of Expiration: _____

Any Restrictions? Yes No Please Explain: _____

II. VEHICLE THAT WILL BE USED

Name of Owner: _____

Address of Owner: _____

Make & Model of Vehicle: _____ Year of Vehicle: _____

License Plate #: _____ # of Seatbelts Available _____

III. INSURANCE INFORMATION

When volunteers or employees are using their privately-owned vehicle(s), the vehicle's insurance coverage will always be considered primary. Please attach a copy of the declaration page of your current policy or complete the following information:

Insurance Company _____

Policy Number _____

Date of Policy Expiration _____

Liability limits of policy* _____

*Please note: The Diocese requirement that drivers maintain minimum automobile limits of \$100,000/ \$300,000/ \$50,000.

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, 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 on behalf of the _____

I further understand and authorize Saint Mary's High School to obtain my driving records as they deem necessary.

Signature

Date

Thank you for providing this information
