



Office of Faith Formation and Lay Ecclesial Ministry  
Directory for Catechesis

**VOLUNTEER DRIVER INFORMATION FORM**

**I. DRIVER**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State License Issued From: \_\_\_\_\_

**II. VEHICLE THAT WILL BE USED**

Name of Owner \_\_\_\_\_ Year & Make \_\_\_\_\_  
Address of Owner \_\_\_\_\_ Model \_\_\_\_\_  
License Number \_\_\_\_\_ License Plate State Issued From \_\_\_\_\_  
Registration Expires \_\_\_\_\_ Inspection Expires \_\_\_\_\_  
Number of Seat Belts that Operate \_\_\_\_\_ State of Registration \_\_\_\_\_

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 terms of the insurance policy covering that specific vehicle apply.**

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Liability Limits to Policy \_\_\_\_\_

PLEASE NOTE: The minimal, acceptable liability limit for privately-owned vehicle is \$100,000/\$300,000 for bodily injury coverage and \$50,000 for property damage. Provide a copy of the declarations page of the driver's auto insurance policy, listing the driver as insured.

**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 use to transport others.

\_\_\_\_\_  
Signature Date

The driver and the second adult must be in full compliance with the Diocesan Safe Environment Policy. The use of seat belts in the vehicle is required.

For Office Use: Copy of License Rec'd \_\_\_\_\_  
Copy of Insurance Declaration Rec'd \_\_\_\_\_