

**DIOCESE OF GAYLORD  
VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET**

I. Driver:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

II. Vehicle that will be used:

Name of Owner: \_\_\_\_\_ Year and Make: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Model: \_\_\_\_\_

\_\_\_\_\_ License Plate: \_\_\_\_\_

Registration Expires: \_\_\_\_\_ Inspection Expires: \_\_\_\_\_

If more than one vehicle is to be used requested information must be provided for each vehicle.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Liability Limits of Policy\*: \_\_\_\_\_

**\*Please Note:** The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

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/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

V. Recommendation:

Only experienced drivers, i.e. 21 or over, should transport students.

8/2003