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| Office of Religious Education/EvangelizationDirectory for Catechesis |
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| **VOLUNTEER DRIVER INFORMATION FORM** |
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| **I. DRIVER** |
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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **II. VEHICLE THAT WILL BE USED** |
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|  Name of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year & Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Address of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Registration Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspection Expires \_\_\_\_\_\_\_\_\_\_ |
|  Number of Seat Belts that Operate \_\_\_\_\_\_\_\_\_\_ State of Registration \_\_\_\_\_\_\_\_\_ |
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| If more than one vehicle is to be used, requested information must be provided for each vehicle. |
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| **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 of Policy \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  PLEASE NOTE: The minimal, acceptable liability limit for privately owned  vehicles is $100,000/$300,000. |
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| **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. |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature Date |
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| The driver and the second adult must be in full compliance with the Diocese of Youngstown Child Protection Policy. The use of seat belts for all persons in the vehicle is required. |
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| F-172021 |