

**Archdiocese of Dubuque
Driver Information Sheet/Volunteer Drivers Form**

DRIVER

Name _____ Date of Birth _____

Address _____

Social Security # _____ Phone # _____

Driver's License # _____ Date of Expiration _____

VEHICLES THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____

Make of Vehicle _____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

Please be aware that as a volunteer driver, your insurance is primary.

There is a policy that would offer additional liability protection should a claim exceed the limits of your policy. (If you are driving an Archdiocesan owned vehicle, our insurance coverage is primary.)

Insurance Company _____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policy* _____

*All vehicles must carry \$100,000/\$300,000 minimum limits of liability.

DRIVING INFORMATION

In order to provide for the safety and well-being of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents, moving violations or any DUI, DWI or drug related violations they have had in the last five years:

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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle. Further, I have been provided with and agree to adhere to the provisions as outlined on the Archdiocese of Dubuque Transportation Policy addressing use of Private Passenger Vehicles (1-7).

Volunteer Driver Signature _____ Date_____