

**DIOCESE OF CHARLOTTE
CATHOLIC SCHOOLS OFFICE**

**VOLUNTEER DRIVER INFORMATION FORM
2009 – 2010
(New Form Must be Completed Each Year)**

Driver's Name _____ Date of Birth _____

Address _____

_____ Phone # _____

Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used:

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Inspection Expiration _____

Registration Expiration Date _____

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____ Date of Policy Expiration _____

Liability Limits of Policy* _____

***Please note:** The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

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, 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 also certify that I have completed the Protecting God's Children workshop and have had the volunteer background check completed.

Signature

Date

Student's Name(s) _____

School _____

Grade(s) _____

