



Student Name \_\_\_\_\_

Class Year \_\_\_\_\_

**Parent Volunteer Driver Information Sheet**

**Driver 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Drivers License \_\_\_\_\_ Exp \_\_\_\_\_

Date of Birth \_\_\_\_\_ Any restrictions on license? Yes No

Any violations within the past year? Yes No

Please explain: \_\_\_\_\_

**Driver 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Drivers License \_\_\_\_\_ Exp \_\_\_\_\_

Date of Birth \_\_\_\_\_ Any restrictions on license? Yes No

Any violations within the past year? Yes No

Please explain: \_\_\_\_\_

**A copy of your driver's license must be attached to this form.**

**Vehicle that will be used**

Name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_

Make and model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ #Seats incl driver \_\_\_\_\_

Name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_

Make and model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ #Seats incl driver \_\_\_\_\_

**Insurance Information**

When volunteers or employees are using their privately-owned vehicle(s), the vehicle's insurance coverage will always be considered **primary**. Please attach a copy of the declaration page of your current policy **or** complete the following information:

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

Policy number \_\_\_\_\_

Date of policy expiration \_\_\_\_\_

Liability limits of policy\* \_\_\_\_\_

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

Policy number \_\_\_\_\_

Date of policy expiration \_\_\_\_\_

Liability limits of policy\* \_\_\_\_\_

\*Please note: St. Francis High School requires that drivers maintain minimum automobile limits of \$100,000/\$300,000/\$50,000

**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 25 years of age or older, possess a valid, unrestricted driver's license, provide one seat belt for each vehicle occupant, valid vehicle registration and have the required insurance coverage in effect on any vehicle used on behalf of St. Francis High School. I authorize St. Francis to obtain my DMV records at any time to verify the information provided on this information sheet and the current status of my driver's license.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for providing this information.**