



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 five years? 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 five years? 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 your insurance ID card and complete the following information:***

Insurance Company _____

Policy number _____

Date of policy expiration _____

Insurance Company _____

Policy number _____

Date of policy expiration _____

By checking this box, I/we certify that I/we will maintain automobile insurance of at least the following minimum levels as required by the Diocese of Sacramento:

1. \$100,000/ Bodily injury liability for one person in an accident
2. \$300,000/ Bodily injury liability for all people injured in an accident
3. \$50,000/ Property damage liability for one accident

By checking this box, I/we certify that I/we do not maintain the minimum limits as required by the Diocese of Sacramento and therefore am precluded from being a volunteer driver.

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.