

VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____
(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: _____

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

PLEASE BE AWARE THAT AS A VOLUNTEER DRIVER, YOUR INSURANCE IS PRIMARY.

Thank you for helping us with our transportation needs.

Volunteer Driver

Church/School Representative