



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

Nascantur in Admirazione
"Let Them Be Born in Wonder."

VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:

Name _____ Date of Birth _____
Address _____ Soc. Security # _____

Phone _____
Driver's License # _____

II. Vehicle that will be used:

Name of Owner _____ Year and Make _____
Address of Owner _____ Model _____

License Plate _____
Registration Expires _____ Inspection Expires _____
(Buses only)

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

III. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company _____
Policy Number _____ Expiration Date _____
Liability Limits of Policy* _____

*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit).

IV. 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, and have the required insurance coverage in effect on any vehicle used to transport students.

(Signature)

(Date)