



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

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

***Parent Volunteer Driver Information Sheet***

**Driver 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

**Driver 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

***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 declarations page and complete the following:***

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.***