

DIOCESE OF LA CROSSE

EMPLOYEE/VOLUNTEER DRIVER INFORMATION SHEET

DRIVER

Name _____

Date of Birth _____

Address _____

Social Security # _____

Phone # _____

Driver's License # _____

Date of Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____

Model of Vehicle _____

Address of Owner _____

Make of Vehicle _____

Year of Vehicle _____

License Plate # _____

Date of Expiration _____

Registration Expiration Date _____

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

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

OVER

Insurance Company _____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policy* _____

(Evidence of Insurance Attached Exhibit B)

***Please note: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.**

CERTIFICATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee/volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature
Employee/Volunteer

Date