

Please complete and return to:

Cathie Truehl  
St. Ann's Parish  
320 N. Harrison Street  
Stoughton, WI 53589

### Volunteer Driver Information Sheet

**I. Driver:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License # \_\_\_\_\_

**II. Vehicle that will be used:**

Name of Owner: \_\_\_\_\_ Year/Make: \_\_\_\_\_

Address: \_\_\_\_\_ Model: \_\_\_\_\_

\_\_\_\_\_ License Plate: \_\_\_\_\_

Registration Expires: \_\_\_\_\_

If more than one vehicle is to be used, 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 \$100,000/\$300,000.

**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)