

# LAKE MICHIGAN CATHOLIC SCHOOLS

## VOLUNTEER DRIVER INFORMATION SHEET

### I. Driver:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security # \_\_\_\_\_

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

### II. Vehicle that will be used:

Name of Owner \_\_\_\_\_ Year and Make \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Registration Expires \_\_\_\_\_ Inspection Expires \_\_\_\_\_

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

### III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit 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 \$300,000 CSL (Combined Single Limit) or \$250,000 per person/\$300,000 per occurrence or \$300,000 per person/\$300,000 per occurrence.

### 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 twenty-one (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. I also state my vehicle is in good condition for the safe transportation of students.

\_\_\_\_\_  
(Please print Volunteer Driver's name)

\_\_\_\_\_  
(Volunteer Driver's signature)

\_\_\_\_\_  
(Date)

New forms are required for each school year.