

**DIOCESE OF CHARLOTTE  
CATHOLIC SCHOOLS OFFICE**

**VOLUNTEER DRIVER INFORMATION FORM  
2009 – 2010  
(New Form Must be Completed Each Year)**

Driver's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ 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 Inspection Expiration \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

**Insurance Information**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

**\*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 a volunteer driver, I must be 21 years of age or older, hold 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 students. I also certify that I have completed the Protecting God's Children workshop and have had the volunteer background check completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student's Name(s)** \_\_\_\_\_

**School** \_\_\_\_\_

**Grade(s)** \_\_\_\_\_

