

**DIOCESE OF GRAND RAPIDS**  
**VOLUNTEER DRIVER INFORMATION SHEET**

**I. Driver:**

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

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Address of Owner: \_\_\_\_\_ Model #: \_\_\_\_\_

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

Registrations Expires: \_\_\_\_\_ Inspection Expires: \_\_\_\_\_

If more than one vehicle is to be used, requested 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 specified vehicle.

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

Policy #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

\*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$300,000 or \$500,000 Combined Single Limit (CSL).

**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 children.

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