

PARISH TRANSPORTATION

DRIVER INFORMATION SHEET

Driver

Name _____
Address _____
Phone # _____

Age 25 yrs or more _____ Yes
Driver's License # _____
Expiration Date _____

Vehicle That Will Be Used

Name of Owner _____
Address of Owner _____
License Plate # _____
Registration Expiration Date _____

Model of Vehicle _____
Make of Vehicle _____
Year of Vehicle _____
Expiration Date _____

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

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 or Policy Expiration _____ Liability Limits of Policy* _____

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

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

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

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, 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 students.

Signature

Date

2-11-9

PARISH TRANSPORTATION

ADULT LIABILITY WAIVER

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns,
executors, and personal representatives, to hold harmless and defend
_____, Diocese of Joliet, its officers,
directors, agents, employees, or representatives associated with parish
transportation programs from any and all liability claims, loss or damages arising
from or in connection with my participation in parish transportation programs.

Signature

Date

Print Name