



ROMAN CATHOLIC DIOCESE OF PHOENIX DRIVER INFORMATION FORM

(Please Type or Print)

DRIVER INFORMATION				
Driver Last Name:	First Name:	Middle Initial	Date of Birth	
Street address:		City:	State:	Zip Code:
Phone #:	Drivers License #:	State:	Expiration Date:	

In order to provide for the safety of our students, we must ask each volunteer drive to list all accidents or moving violations you have had in the past five (5) years:

VEHICLE INFORMATION				
Name of Owner:				
Owner Street address:		City:	State:	Zip Code:
License Plate #:	State:	Date of Expiration:		
Model of Vehicle:		Make of Vehicle:	Year of Vehicle:	

If more than one vehicle is to be used, the above 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 of Expiration:
Liability Limits of Policy*:		

***Please Note: The minimum acceptable limits for privately owned vehicles are \$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. I must be 25 years of age or older to transport minors. I must 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.	
<hr style="border: none; border-top: 1px solid black;"/> <i>Signature</i>	<hr style="border: none; border-top: 1px solid black;"/> <i>Date</i>