

## VOLUNTEER DRIVER FORM

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Liability Limits: \_\_\_\_\_  
*(Minimum Limits of \$100,000/\$300,000 Required)*

Agent's Name: \_\_\_\_\_

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 accidents or moving violations they have had in the last three years:

**PLEASE BE AWARE THAT AS A VOLUNTEER DRIVER, YOUR INSURANCE IS PRIMARY.**

**Thank you for helping us with our transportation needs.**

\_\_\_\_\_  
Volunteer Driver

\_\_\_\_\_  
Church/School Representative