Charlottesville Catholic School
DRIVER VOLUNTEER INFORMATION FORM

(IMPORTANT NOTE: PARENT/GUARDIAN IS REQUIRED TO SUBMIT A NEW FORM WHEN EVER INFORMATION CHANGES)

I. Driver #1 Name: _____ Date of Birth : _____

Driver's License # : _____ License Exp. Date: _____

Driver # 2 Name: _____ Date of Birth: _____

Driver's License #: _____ License Exp. Date: _____

Address: _____ Phone:_____

If more than one vehicle is to be used, requested information must be provided for each vehicle**:**

Vehicle 1	Vehicle 2
Name of Owner _____	Name of Owner _____
Year and Make _____	Year and Make _____
Owner Address _____	Owner Address_____
Model _____	Model _____
License Plate _____	License Plate _____
Registration Expires _____	Registration Expires _____
Number of Operational Seat Belts _____	Number of Operational Seat Belts _____

II. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company _____ _____
Vehicle 1 Vehicle 2

Policy Number _____ _____
Vehicle 1 Vehicle 2

Expiration Date_____ _____
Vehicle 1 Vehicle 2

Liability limits of Policy_____ _____
Vehicle 1 Vehicle 2

II. 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 students. If any of the above information changes during the school year, I will notify the school office.

_____	_____	_____
Driver #1 Name, Print	Driver #1 Signature	Date
_____	_____	_____
Driver #2 Name, Print	Driver #2 Signature	Date
_____	_____	_____
Insured/Registered Owner, Print	Insured/Registered Owner, Signature	Date

Please note: The minimal, acceptable liability limit for privately owned vehicles is **$100,000 per person/**$300,000** per occurrence.

Diocesan Form: Updated 12/1/2008