

Diocese of San Jose Driver Information Sheet

I. **Driver:** Employee Volunteer

Name: _____ Date of Birth: _____

Address: _____

Drivers License #: _____ Date of Expiration: _____

Any Restrictions? Yes No Please Explain: _____

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

Name of Owner: _____

Address of Owner: _____

Make & Model of Vehicle: _____ Year of Vehicle: _____

License Plate #: _____ # of Seatbelts Available _____

III. **Insurance Information**

When volunteers or employees are using their privately-owned vehicle (s) , the vehicle 's insurance coverage will always be considered primary. Please attach a copy of the declaration page of your current policy or complete the following information:

Insurance Company: _____

Policy Number: _____

Date of Policy Expiration: _____

Liability limits of policy*: _____

* Please note: The Diocese requires that drivers maintain minimum automobile Limits of \$100,000 / \$300,000 / \$50,000.

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 25 years of age or older, and 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 on behalf of the (parish) _____ . I further understand and authorize above mentioned parish to obtain my driving records as they deem necessary.

Signature

Date

Thank you for providing this information.