

**ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS
DRIVERS INFORMATION FORM**

Driver

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Phone Number _____

Driver's License Expiration Date _____

Have you had any traffic violations in the last years? Yes No (Circle One)

If Yes, explain _____

*Please present your driver's license with this form so that it may be copied and kept on file. The Driver's License Number will be blacked out to keep it confidential.

Vehicle

Name of Owner _____

Address of Owner _____

Year/Make/Model of Car _____

License plate # _____ Expires _____

Passenger Capacity _____ (There must be a useable seat belt for each occupant.)

Note: If more than one vehicle is to be used by this driver, this form must be filled out for each vehicle.

Insurance Information

Insurance Company _____

Policy # _____ Expires _____

Liability Limits of Policy* _____

*Please Note: Minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.

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 individuals.

Signature _____ Date _____