

## VIII. DRIVER INFORMATION SHEET

### DIOCESE OF DAVENPORT

#### DRIVER

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

#### VEHICLE THAT WILL BE USED

Name of Owner: \_\_\_\_\_ Model of Vehicle: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

\_\_\_\_\_  
Year of Vehicle: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date of Policy Expiration: \_\_\_\_\_

Liability Limits of Policy\*: \_\_\_\_\_

*\*Please note: The minimum, acceptable liability limit for privately owned vehicles is \$100,000/300,000/100,000.*

#### 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, 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 to transport participants of the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Please include a copy of your insurance card.