

DIOCESE OF DAVENPORT
DRIVER INFORMATION SHEET

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 minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.*

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