## DIOCESE OF LITTLE ROCK ~ OFFICE OF CATHOLIC SCHOOLS DRIVER INFORMATION SHEET

Driver	
Name	Date of Birth
Address	Home Phone
Cell Phone	_
Driver's License #	Date of Expiration
Vehicle That Will Be Used	
Name of Owner	
Address of Owner	
	Year of Vehicle
License Plate #	Date of Expiration
If more than one vehicle is to be used, the above information must be provided for each vehicle.	
Insurance Information	
Insurance Company	Liability Limits of Policy*
(*Please note: The recommended liability limit for privately-owned vehicles for field trips is \$100,000/\$300,000 per person/per occurrence.)	
Attach a copy of Driver's License and Proof of Insurance.	
In order to provide for the safety of our students/members of the parish/school and those we serve, we must ask each volunteer driver to answer the following questions:	
	<u>TRUE</u> <u>FALSE</u>
I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years	
2. I have had no more than three moving violations or a	ccidents in the last
three years.	
3. I have completed a background check, CMG/Safe Environment &  Defensive Driving Training.  Please be aware that as a volunteer driver, your insurance is primary.	
Certification	
I certify that the information given on this form is true a driving for school events is a profound responsibility and driving. I will be limited to a maximum number of conse without at least a 30 minute break. I understand that as possess a valid driver's license, have the proper and currequired insurance coverage in effect on any vehicle use using a cell phone or any other electronic device while of	d I will exercise extreme care and due diligence while cutive miles driven, not to exceed 250 miles per driver a volunteer driver, I must be 21 years of age or older, rent license and vehicle registration, and have the ed to transport students. I agree that I will refrain from
Signatura	Date
Signature	Date