

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 _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
Year of Vehicle _____
License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned 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 or other 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> |
|---|-------------|--------------|
| 1. 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 accidents in the last three years. | _____ | _____ |
| 3. I have completed a background check and VIRTUS 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 and correct to the best of my knowledge. I understand driving for school events is a profound responsibility and I will exercise extreme care and due diligence while driving. I will be limited to a maximum number of consecutive miles driven, not to exceed 250 miles per driver without at least a 30 minute break. 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 students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature _____

Date _____