

St. Mary Catholic School
10601 Dexter – Pinckney Rd.
Pinckney, MI 48169
734-878-5616

VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

I. Driver:

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____

Model: _____ License Plate Number: _____

Registration Expires: _____ Inspection Expires: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy*: _____

***Please note: The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit)**

IV. 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/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

(Signature)

(Date)

V. Recommendation:

Only experienced drivers, i.e. 19 or over, should transport students.