



VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

DRIVER

NAME:		DATE OF BIRTH:
ADDRESS:		SOC. SEC.#:
CELL PHONE:	HOME PHONE:	
DRIVER'S LICENSE #:		

VEHICLE THAT WILL BE USED

NAME OF OWNER:		
ADDRESS OF OWNER:		
YEAR AND MAKE:	MODEL:	LICENSE PLATE:
REGISTRATION EXPIRES:	INSPECTION EXPIRES:	

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

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 (*Note: The minimal acceptable liability for privately owned vehicles is \$100,000/\$300,000)

DRIVING RECORD:	YES	NO
Do you have an alcohol or drug related driving arrest within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than three moving violations within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has your license been suspended or revoked in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is yes, you are not an approved driver until your driving record has been reviewed and approved by Catholic Mutual.

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 must be 23 years of age or older, hold a valid driver's license, have no physical disability that may impair my ability to drive safely, and have the required insurance coverage in effect on any vehicle used to transport students. I understand that my driver record on file with the Wisconsin Department of Transportation may be requested and reviewed.

DRIVER'S SIGNATURE:	DATE:
---------------------	-------

By entering my full name, I attest that this constitutes my legal electronic signature on this form.