



# DRIVER INFORMATION FORM

LOCATION INFORMATION  School  Church Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONTACT PERSON

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DRIVER  Employee  Volunteer

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Does the license state any restrictions?  Yes  No If yes, explain: \_\_\_\_\_

## VEHICLE THAT WILL BE USED

Name of owner: \_\_\_\_\_

Address of owner: \_\_\_\_\_

Make and model of vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Number of seatbelts available: \_\_\_\_\_

## INSURANCE INFORMATION

When a volunteer or employee is using a privately-owned vehicle, that vehicle's insurance coverage will always be considered primary. Please provide the following information concerning the vehicle(s) that will be used:

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Date of policy expiration: \_\_\_\_\_

Liability limits of policy\*: \_\_\_\_\_

\* The Archdiocesan Insurance Program requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000 / \$50,000 / \$10,000.

## CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee or 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 State of Oregon required insurance coverage in effect on any vehicle used for a church, school or other entity insured under the Insurance Program of the Archdiocese of Portland in Oregon.

Signature \_\_\_\_\_

Date \_\_\_\_\_