

**DIOCESE OF SHREVEPORT YOUTH MINISTRY
DRIVER INFORMATION FORM**

Use a separate form for each driver and vehicle

Driver

Name Date of Birth
Address SSN
Cell Phone
Driver's License # Date of Expiration State Issued

Vehicle That Will Be Used

Name of Owner Model
Address Year and Make
License Plate # Date of Expiration
Registration Expiration

If you are not the registered owner of the vehicle/s you will be using, do you have the owner's permission to drive the vehicle? Yes No

To the best of your knowledge, is the vehicle in good working order and is it properly maintained (oil changes, brakes checked, tires checked, etc.)? Yes No

Have you had any accidents or moving violations in the past three years? Yes No
If yes, please specify, including date

Insurance Information

Please be aware that as a driver, your insurance is primary unless vehicle driven is owned by church/agency/school.

Insurance Company

Policy # Date of Policy Expiration

Liability Limits of Policy

(*Please note: The minimal, acceptable liability limits for privately-held vehicles is \$100,000/\$300,000)

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have insurance coverage in effect on any vehicle used to transport participants of the event.

Signature

Date