

**DIOCESE OF LA CROSSE**

**EMPLOYEE/VOLUNTEER DRIVER INFORMATION SHEET**

**DRIVER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Date of Expiration \_\_\_\_\_

**VEHICLE THAT WILL BE USED**

Name of Owner \_\_\_\_\_  
Address of Owner \_\_\_\_\_  
License Plate # \_\_\_\_\_

Model of Vehicle \_\_\_\_\_  
Make of Vehicle \_\_\_\_\_  
Year of Vehicle \_\_\_\_\_  
Date of Expiration \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

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

In order to provide for the safety of our students or other members of the parish and those who we serve, we must ask each employee/volunteer driver to list all accidents or moving violations they have had in the last five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Date of Policy expiration \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_  
(Evidence of Insurance Attached Exhibit B)

\*Please note: The minimal, acceptable liability limit for privately owned 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 an employee/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 participants of the event.

\_\_\_\_\_  
Signature  
Employee/Volunteer

\_\_\_\_\_  
Date