

Immaculate Conception Catholic Church
Volunteer Driver's Form

Name of driver: _____

Address: _____

City _____

State _____ Zip code _____

Phone: _____ Cell _____

Driver's license number: _____ State issued: _____

Year _____ Make _____ Model of vehicle _____

Liability Limits: _____

(Minimum Limits of \$100,000. /\$300,000. Required)

Insurance Agent's Name: _____

Insurance Agent's Phone: _____

Insurance Company's Name _____

Insurance Company's Address _____

City _____

State _____ Zip code _____

In order to provide for the safety of our students (youth) or other members of the parish and those we serve, we must ask each volunteer to list all accidents or moving violations they have had in the last five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

_____ **Have you attached a copy of your insurance card?**

Thank you for helping us with our transportation needs.

Volunteer Driver Signature Date Staff Verification Signature Date