



**Department of
Catholic Education**

11625 Old St. Augustine Road
Jacksonville, Florida 32258

(904) 262-0668

schools.dosafl.com

VOLUNTEER DRIVER INFORMATION SHEET

I. Name: _____ **Date of Birth:** _____

Address: _____

Last 4 SSN #: _____ **Phone:** _____

Driver's License #: _____

II. Vehicle that will be used:

Name of Owner: _____

Address of Owner: _____

License Plate: _____ **Year, Make, Model:** _____

Registration Expiration: _____

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

III. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____ **Expiration Date:** _____

Liability Limits of Policy * _____

***NOTE:** The minimal, acceptable liability limit for privately owned vehicles is \$100,000 each person, \$300,000 each accident for bodily injury, and \$50,000 per occurrence property.

IV. 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 or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature: _____ **Date:** _____

Revised 4/2023