



DRIVER INFORMATION FORM

LOCATION INFORMATION School Church

Date: _____

Name: _____ St. John the Apostle Catholic School

Phone: _____

Address: _____ 516 Fifth Street
Oregon City, OR 97045

City: _____ Zip: _____

LOCATION 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 injury or death of a single person, \$50,000 injury or death of multiple people in a single accident, \$10,000 property damage, \$15,000 personal injury protection and Uninsured motorist coverage of \$25,000 per person, \$50,000 per crash for bodily injury.

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 _____