



Diocese of Joliet

Religious Education Office
430 North Center Street
Joliet, Illinois 60435

815-727-6411
Fax 815-722-7361

DRIVER INFORMATION FORM

PARISH _____ CITY _____

DRIVER'S INFORMATION

Name _____ Date of Birth _____

Address _____

_____ Phone # _____

Driver's License # _____ Expiration Date _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Vehicle Model _____

Address of Owner _____ Vehicle Make _____

_____ Vehicle Year _____

License Plate # _____ Expiration Date _____

Registration Expiration Date _____

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

INSURANCE INFORMATION

Insurance Company _____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policy _____

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 a 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 students.

Signature _____

Date _____