



ARCHDIOCESE OF PORTLAND DRIVER INFORMATION SHEET

All requested information must be complete and background checks completed and cleared before a volunteer will be allowed to drive – Thank you!

DRIVER

Name: _____ Date of Birth: _____
Address: _____ Driver's License #: _____
Date of Expiration: _____ Any Restrictions? Yes No
Explain: _____
Date background check completed: _____ Expires: _____

VEHICLE THAT WILL BE USED

Name of Owner: _____
Address of Owner: _____
Make & Model of Vehicle: _____ Year of Vehicle: _____
License Plate #: _____ # of Seat Belts Available: _____

INSURANCE INFORMATION

When volunteers or employees are using their privately-owned vehicle(s), the vehicle's insurance coverage will always be considered primary. Please attach a copy of the declaration page of your current policy or complete the following information:

Insurance Company: _____
Policy Number: _____
Date of Policy Expiration: _____
Liability limits of policy*: _____

*Please note: The Archdiocese required that drivers maintain the State of Oregon minimum automobile limits of \$25,000/\$50,000/\$10,000

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 on behalf of the Archdiocese of Portland.

Print name: _____

Signature: _____ Date: _____

By signing this document, you are legally acknowledging that you are the person whose name is stated above in the driver's section. You also are acknowledging that all submitted information on this form is true and accurate as of today's date.

Thank you for providing this information