



Diocese of Erie Volunteer Driver Information Sheet

Date _____

Personal Information

Name _____
(First) (Middle) (Last)

Address _____ How Long? _____ (# of years)
(Street)

City _____ State _____ Zip Code _____

Driver's License Information

(State) (License Number) (Class) (Expiration Date) (Birth Date)

Auto Insurance Information

Insurance Company _____

Policy Number _____ Expiration Date _____

Liability Limits of Policy (\$100,000 minimum) _____
Attach a copy of insurance card to back of this form.

Accident Record

(Please list all accidents for the past three years—use back of sheet if more space is needed.)

Date Type (Head-on, Rear-end, Roll-over) Injuries Fatalities

Last Accident _____

Next Previous _____

Have you ever been charged with driving under the influence (DUI), driving with a suspended/revoked license and/or reckless endangerment? If yes, please give full details, including date. (Use back of sheet if more space is needed.)

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 and hold a valid driver's license.

Signature _____ Date _____