

HOLY GHOST – IMMACULATE CONCEPTION SCHOOL

Dickeyville Campus • Pre-K – 3 • 325 West Main, Box 40 • Dickeyville, WI 53808 • 608-568-7790
Kieler Campus • Grades 4-8 • 3685 County Highway HHH, Box 129 • Kieler, WI 53812 • 608-568-7220

Volunteer Driver Information Form

1. Driver:

Name _____ Date of Birth _____
Address _____
Phone _____ Soc. Security # _____
Driver’s License # _____

2. Vehicle that will be used:

Name of Owner _____
Address of Owner _____
Year & Make _____ Model _____
License Plate # _____ Registration Expires _____
(If more than one vehicle is to be used, requested information must be provided for each.)

3. 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 # _____ Expiration Date _____
Liability Limits of Policy* _____

*Please note: According to Diocesan Insurance, the minimum acceptable limit for privately owned vehicles is \$100,000/\$300/000.

4. Virtus Training

_____ Yes, I have attended a “Protecting God’s Children” Workshop

5. Certification: 2018-19 School Year

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, hold a valid driver’s license, and have the required insurance coverage in effect on any vehicle used to transport students. In addition, I will require my passengers to use their seat belts, as required by law.

Signature of Driver

Date Signed