

**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: 2017-18 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