YORK CATHOLIC HIGH SCHOOL
601 E. Springettsbury Ave.
York, PA 17403

VOLUNTEER DRIVER INFORMATION SHEET

1. **Driver Information**

   Name_____

   Address_____

   Date of Birth_____   Phone_____   Driver's License #_____   State Issued _____

2. **Vehicle Being Used**

   Name of Owner_____

   Owner's Address *(if different from driver)*_____

   Year_____ Make_____ Model_____ License Plate #_____

   Registration Expires_____   Inspection Expires_____

   If more than one vehicle is to be used, requested information must be provided for each vehicle.

3. **Insurance Information**

   Insurance Company_____

   Policy Number_____   Expiration Date_____

   Liability Limits of Policy_____
   (Minimum limits of $100,000/$300,000 required)

   In order to provide the safety of those we serve, we must ask each volunteer to answer the following questions:

	TRUE	FALSE
1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.	_____	_____
2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years.	_____	_____
3. I have had no more than three moving violations in the last there years.	_____	_____

   Please be aware that as a volunteer driver, your insurance is primary.

4. **Certification**
   I hereby certify the information given on this form is true and correct to the best of my knowledge. I understand driving for York Catholic High School is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand 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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

   Volunteer Driver Signature_____   Date_____

Thank you for helping us with our transportation needs.