

Appendix C

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)? If yes, please give full details. (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 \_\_\_\_\_