ARCHDIOCESE OF PORTLAND DRIVER INFORMATION SHEET

I. DRIVER ❑ Employee ❑ Volunteer

Name: _____ Date of Birth:_____
Address: _____
Drivers License #: _____ Date of Expiration: _____
Any Restrictions? ❑ Yes ❑ No Please Explain: _____
_____

II. VEHICLE THAT WILL BE USED

Name of Owner: _____
Address of Owner: _____
Make & Model of Vehicle: _____ Year of Vehicle: _____
License Plate #: _____ # of Seat Belts Available: _____

III. INSURANCE INFORMATION

When volunteers or employees are using their privately-owned vehicle(s), the vehicle's insurance coverage will always be considered primary. Please attach a copy of the declaration page of your current policy or complete the following information:

Insurance Company: _____
Policy Number: _____
Date of Policy Expiration: _____
Liability limits of policy*: _____
"Please note: The Archdiocese requires that drivers maintain the State of Oregon minimum automobile limits of $25,000/ $50,000/ $10,000.

IV. CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee or volunteer driver, I must be 21 years of age or older, posses 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 on behalf of the Archdiocese of Portland.

_____ _____
Signature **Date**

Thank you for providing this information