

NOUVEL CATHOLIC CENTRAL
VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

I. Driver:

Name: _____ Date of Birth _____

Address: _____ City/Zip: _____

II. Vehicle that will be used:

Name of owner: _____ License Plate: _____

Address of owner: _____ City/Zip: _____

Year & Make _____ Model: _____

Registration Expires: _____

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Liability Limits of Policy: _____

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I certify that as a volunteer/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on vehicle used to transport student, co-employees, service recipients and/or act on behalf of the school or related entities. The undersigned driver agrees to indemnify, hold harmless and defend Nouvel Catholic School together with their employees, agents and representatives from all claims for damage to a person or property caused in part or wholly by the undersigned.

(Signature)

(Date)

V. Requirements:

Driver must be 21 or over to transport students.

This form is good for the term of the insurance policy.