



GRADES K-8  
3830 ROSEMONT AVE.  
LANSING, MI 48910-4592  
(517) 882-6631

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### Volunteer/Employee Driver Information Sheet

Driver:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Vehicle that will be used:

Name of owner \_\_\_\_\_ Year and Make \_\_\_\_\_  
Address of owner \_\_\_\_\_ Model \_\_\_\_\_  
\_\_\_\_\_ License Plate \_\_\_\_\_  
Expiration of registration \_\_\_\_\_

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

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\* \_\_\_\_\_

\*PLEASE NOTE: The minimal, acceptable liability limit for privately owned vehicles is \$100,000-\$300,000. It has been advised that the recommended liability for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Please check with your insurance company to upgrade.

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/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IMMACULATE HEART OF MARY-ST. CASIMIR CATHOLIC SCHOOL CHALLENGES STUDENTS TO DISCOVER GOD'S GIFTS SPIRITUALLY, INTELLECTUALLY, SOCIALLY AND PHYSICALLY WITHIN A COMMUNITY THAT NURTURES, HONORS AND RESPECTS THE UNIQUE PERSON.