



CATHOLIC SCHOOLS OF FAIRBANKS DRIVER INFORMATION SHEET

1. **DRIVER** Employee Volunteer

Name: _____ Date of Birth: _____

Address: _____

Driver's License #: _____ Expiration Date: _____

Any Restrictions? Yes No Please Explain: _____

2. VEHICLE THAT WILL BE USED

Name of Owner: _____

Address of Owner: _____

Make & Model of Vehicle: _____ Year of Vehicle: _____

License Plate #: _____ Number of Seat Belts Available: _____

3. 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 and complete the following information:

Insurance Company: _____

Policy Number: _____ Date of Policy Expiration: _____

Liability Limits of Policy *: _____

- Please note: *The CSF requires that drivers maintain the State of Alaska minimum automobile limits of \$50,000/\$100,000/\$25,000.

4. 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, 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 on behalf of the Catholic Schools of Fairbanks.

Signature

Date