

Grade: _____

Holy Trinity School
1325 36th Street, NW
Washington, DC 20007
(202) 337-2339****Fax (202) 337-0368

2016-2017 Volunteer Driver Information

If more than one vehicle is to be used, please fill out another driver information form.
Drivers must be age 25 or older and Virtus trained.

Driver name: _____ Date of Birth _____

Address: _____ S.S.# _____

_____ Phone # _____

Driver's License # _____

Virtus Training Complete (yes/no) _____

Vehicle Info

Name of owner: _____

Address: _____

Vehicle make, model & year: _____

License: _____ Registration Expires: _____

Number of seat belts, excluding front seat: ** _____

****DC Law requires children under age 8 to be seated in a properly installed infant, convertible(toddler) or booster seat and children ages 8-16 must each have a seat belt.**

Insurance Information

When using a privately owned vehicle, the primary insurance coverage is the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy #: _____ Expiration Date: _____

Liability Limits of Policy* _____

*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/300,000.

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 have five (5) years driving experience, hold a valid driver's license, and have the required insurance coverage in effect on vehicles used to transport.

Date _____ Signature _____

[Type text]