

DIOCESE OF BUFFALO
Catholic Center
795 Main Street
Buffalo, New York 14203

Department of
LIFELONG FAITH FORMATION
(716) 847-5505
www.officeoflifelongfaithformation.org

DRIVER INFORMATION SHEET

Volunteer's Name:
Address:

Date of Birth:
Social Security #:

Driver's License #:

Date of Expiration:

Vehicle that will be provided

Name of Owner:
Address of Owner:

Model of Vehicle:
Make of Vehicle:

License Plate #:

Date of Expiration:

Insurance Information

When using a privately owner vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company:
Policy Number:
Date of Policy Expiration:
Liability Limits of Policy*:

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

Certification and Authorization

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 be 21 years of age or older, and possess a valid driver's license. I hereby authorize the Diocese of Buffalo to order a motor vehicle report on me.

Signature & Date:

