

# Driver Information Form

Driver Full Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver's License Number/ State: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_

1) Have you been convicted of a moving violation within the last 3 years? Yes No  
(if yes, please describe on the reverse side)

	Vehicle #1	Vehicle #2
2) Make/Model/ Year	_____	_____
3) Registered Owner's Name/ Address	_____ _____ _____	_____ _____ _____
4) License Plate #/ State	_____	_____
5) Number of Seat Belts (Including Driver)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
6) Passenger Side Airbag	Yes/No	Yes/No
7) Side Panel Airbag(s)	Yes/No	Yes/No
8) Insurance Card in Vehicle	Yes/No	Yes/No

Information collected, copied, and verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(youth director verifies and copies driver's license and insurance card)

By signing below, I certify that the information is correct. I also warrant that I have automobile liability coverage in force on the above noted vehicle(s) for at least the bodily injury minimums of \$100,000 per person/ \$300,000 per accident. I understand and agree that my insurance is to provide the primary coverage in the event of an accident. I further understand and agree that no compensation will be paid to me by St. Mary of the Hills Episcopal Church for the use of my vehicle(s).

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Printed Name: \_\_\_\_\_

**Note:** Once this form is collected and verified, the driver can drive youth to events for the EYC calendar programming year \_\_\_\_\_. A new form will need to be filled out if any information rendered above changes. The driver is responsible for requesting and submitting a new form in that event.