

**STA & Archdiocese of Dubuque
Driver Information Sheet / Volunteer Drivers Form**

DRIVER

Name _____ Date of Birth _____
Must be 21 years old or older

Address _____

Phone # _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____

Make of Vehicle _____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

INSURANCE INFORMATION

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protections should a claim exceed the limits of your policy.

Insurance Company _____

Policy # _____

Date of Expiration _____

Your policy limit of LIABILITY* \$ _____

*The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300,000 per accident. This is \$100,000 personal injury coverage and \$300,000 liability coverage. Please be aware that as a volunteer driver, your insurance is primary.

**A copy of your DRIVER'S LICENSE and PROOF OF
INSURANCE card must be attached.**

DRIVING INFORMATION

Has your driver's license ever been suspended or revoked? _____ **Yes** _____ **No**

If yes, please explain the nature of the charges at the bottom of this page.

Have you been charged with driving violations (parking tickets no included) within the past 5 years? _____ **Yes** _____ **No**

If yes, please explain the natures of the charges at the bottom of this page.

Have you been involved in a car accident, in which you were at fault, in the past 5 years?

_____ **Yes** _____ **No**

If yes, please explain the nature of the accident(s) at the bottom of this page.

Do you have any physical or health impairments that limit your ability to drive safely?

_____ **Yes** _____ **No**

If yes, please explain the nature of your impairment at the bottom of this page.

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 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 to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle. Further, I have been provided with and agree to adhere to the provisions as outlined on the Archdiocese of Dubuque Transportation Policy addressing use of Private Passenger Vehicles (1-7).

Signature _____ **Date** _____

Seat belts MUST BE worn by driver and all passengers.

STA does not provide mileage reimbursement. However, as a volunteer driver you are eligible for an IRS tax deduction for miles driven for church ministry. You can take a standard deduction of 14 cents per mile on your tax return. Or, if it's more advantageous and you kept track, you can deduct the actual cost of your gas for your philanthropic driving.