

ARCHDIOCESE OF PORTLAND DRIVER INFORMATION SHEET

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I. **DRIVER**     Employee     Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
Any Restrictions?     Yes     No    Please Explain: \_\_\_\_\_  
\_\_\_\_\_

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II. **VEHICLE THAT WILL BE USED**

Name of Owner: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_  
Make & Model of Vehicle: \_\_\_\_\_ Year of Vehicle: \_\_\_\_\_  
License Plate #: \_\_\_\_\_ # of Seat Belts Available: \_\_\_\_\_

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III. **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 *or* complete the following information:

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Date of Policy Expiration: \_\_\_\_\_  
Liability limits of policy\*: \_\_\_\_\_

\*Please note: The Archdiocese requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000/ \$50,000/ \$10,000.

IV. **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 Archdiocese of Portland.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for providing this information*

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