



**FAITH, SERVICE,
ACADEMIC EXCELLENCE**

***Springfield Catholic
Elementary Schools***

866-5038 SA _____
881-7000 IC _____
887-6056 SEAS _____
Central Office 865-5567

VOLUNTEER DRIVERS AGREEMENT

(Please Print)

Name of Driver _____ Birthdate _____

Address _____

Driver's License Number _____ State Issued _____

Vehicle Year/Make/Model _____ License Plate _____

Insurance Company's Name _____

Policy Number _____ Expiration Date _____

Are you currently insured with at least the minimum liability insurance required by Missouri?

Yes No

Have you received any tickets for moving violations in the past five years? Yes No

If yes, how many _____

Please provide any information you think necessary.

Please be aware that as volunteer driver, your insurance provides the primary coverage in case of an accident. There is a policy that offers additional liability protection should a claim exceed the limits of your policy.

Thank you for helping with our transportation needs.

Date _____

Signature of Volunteer Driver _____

Signature of Diocesan /Parish/school representative _____