CATHOLIC YOUTH MINISTRY

Department of Catholic Faith Formation + Diocese of Sacramento

DRIVER INFORMATION

All adults who drive young people for youth ministry must complete this form. The information on this form is for the parish youth ministry coordinator's files.

Driver Information

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First Name		Middle Name		Last Name	
Street Address					
City			ZIP Code		
Home Phone			Work Phone		
Driver License Information					
State where license is issued	Numbe	r	Class/Type*		Expiration Date
Insurance Carrier	Policy N	Number	Amount of Liabili	ity	Amount of Medical Coverage
*Drivers with a Commerical Driver License, with or without an endorsement on the back of the license, must submit a copy of his/her current Medical Examiner's Certificate (both sides) with this form.					
Drivers must be 25 years of age and older and meet the Diocese of Sacramento recommendations for insurance coverage: \$100,000 per person/\$300,000 per occurrence.					
My signature affirms that all information on this form is true to the best of my knowledge.					
Signature					

ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS FORM. COPY BOTH SIDES OF THE LICENSE IF NECESSARY.

Date