



Saint Ignatius Loyola Parish
1954 50 2004

St Ignatius Loyola Parish **Youth Ministry Department**
Driver Volunteer Form

PLEASE PRINT LEGIBLY OR TYPE. DO NOT LEAVE ANY BLANKS

First Name	Middle Name	Last Name
Street Address		
City	State	Zip Code
Home Phone	Work Phone	Email address

DRIVER'S LICENSE INFORMATION:

State	Number	Class/Type*	Expiration Date
Insurance Carrier	Policy Number	Amount of Liability Coverage	Amount of Medical Coverage

*Drivers with a Commercial 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. A driver with a Commercial Driver License must also submit a copy of his/her license (both sides if endorsed).

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.

SIGNATURE

My signature affirms that all information on this application is true to the best of my knowledge and belief.

Signature _____ Date _____