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**VOLUNTEER DRIVER  
INSURANCE LIABILITY FORM**

If you have a completed form already on file, please send only a photocopy of your insurance card

Dear Volunteer Driver,

Bishop Garcia Diego High School greatly appreciates your services, driving students to extra-curricular activities. The school is also responsible for ensuring the safety and well-being of the students. In accordance with our policy, the following information is requested to be kept on file with the Athletic Director, and updated as necessary. Thank you again for your support.

**POLICY**

Driver must be over 21 years of age (preferably over 25).

Driver must have a valid, unrestricted California Driver's License.

Driver must carry liability insurance on the vehicle to be used.

One seat belt must be provided for and used by each individual vehicle occupant.

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Name of Driver \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell phone no. \_\_\_\_\_

California Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make, model and year of vehicle \_\_\_\_\_

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ No. of seat belts in vehicle \_\_\_\_\_

- Please attach a copy of your:** 1) California Driver's License  
2) Auto Insurance Declaration of Coverage Limits

I certify that the above-described vehicle is in good mechanical condition (i.e., good tires and brakes, properly functioning turn signals, etc.) and that the above information is accurate.

Driver's signature \_\_\_\_\_ Date \_\_\_\_\_