

# DIOCESE OF SIOUX CITY - Driver/Vehicle Information Sheet

PARISH/SCHOOL  
LOCATION:

Any employee or volunteer of the Diocese of Sioux City, or one of its parishes or schools, who drives a personal vehicle or motor vehicle that is insured through the diocesan insurance program, must complete **ONLINE TRAINING** and this form. Return form to:

Jean Mollet  
[jeanm@scdiocese.org](mailto:jeanm@scdiocese.org)

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## DRIVER INFORMATION: (PLEASE PRINT LEGIBLY)

Name (as it appears on Drivers License):	_____	Driver's License # & State:	_____
Address:	_____		_____
City, State:	_____	Date Lic. Issued:	_____
Date of Birth:	_____	Bus/Van Driver?	Yes                  No
Soc. Security #:	_____		(Please circle)

I authorize the Diocese of Sioux City to obtain a copy of my driving record.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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## INSURANCE INFORMATION:

When using a **privately** owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Please note: The minimum acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Limits of the Policy: \_\_\_\_\_

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## 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 to transport participants of the event.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*