



**DIOCESE OF SOUTHERN VIRGINIA  
DRIVER INFORMATION FORM**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Congregation/Organization: \_\_\_\_\_

Vehicle Information: (list any personal vehicles you will be driving)

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate # & State: \_\_\_\_\_

Is your vehicle in good repair and equipped with safety restraints? \_\_\_\_\_

How many restraints are available for the passengers? \_\_\_\_\_

Have you received any traffic violations within the last five years? \_\_\_\_\_

If yes, provide details of the violation as well as the resolution of the violation.

I agree to abide by the following: (Initial each line)

\_\_\_\_\_ Passengers will be in safety restraints while the vehicle is running

\_\_\_\_\_ All traffic regulations will be obeyed, including speed limits

\_\_\_\_\_ I will not transport others while under the influence of alcohol or other drugs

\_\_\_\_\_ I will not transport others if I am impaired in any way

Attach a copy of: Driver's license, auto insurance card for proof of insurance, & vehicle registration

Driver's Signature \_\_\_\_\_ Date: \_\_\_\_\_