



ST. JOSEPH HIGH SCHOOL

Mrs. Erinn Dougherty, Principal
Ms. Jennifer Perez, Vice Principal
Mr. Tom Mott, Dean of Athletics
Ms. Ashley Guggia, Dean of Students
Fr. Ed Jalbert, C.J., Chaplain

To image Christ in Mind, Heart, Body, and Soul

VOLUNTEER DRIVER INSURANCE LIABILITY FORM

Dear Volunteer Driver,

St. Joseph High School greatly appreciates your services by driving students to extra-curricular activities. The school is also responsible for ensuring the safety and well-being of the students. In accordance with Los Angeles Archdiocesan policy, the following information is requested to be kept on file with the Athletic Director. Thank you again for your support.

POLICY

1. Driver must be 25 years old or older.
2. Driver must have a valid, unrestricted California Driver License.
3. Driver must carry liability insurance on the vehicle to be used.
4. One seat belt must be provided for, and used by, each vehicle occupant.

Name of Driver: _____ Student(s) Name: _____

Address: _____

Telephone Number: _____

California Driver License Number: _____

Expiration Date: _____

Year, Make, and Model of Vehicle: _____

Number of Seat Belts in Vehicle: _____

Name of Insurance Company: _____

Policy Number: _____

PLEASE ATTACH A COPY OF YOUR: 1) California Driver 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: _____