

Volunteer Driver Information

Driver

Name _____ Date of Birth _____
Address _____
Phone _____ Alternate phone _____
Driver's license # _____

Vehicle(s)* that will be used

Name of owner _____ Year and make _____
Address (street) _____ Model _____
Address (city/zip) _____ License plate # _____
Registration expiration date _____

**If more than one vehicle is to be used, required information must be provided for each vehicle.*

Insurance information

(Note: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.)

Insurance company _____
Policy # _____
Expiration date _____
Liability limits of policy** _____

*** Please note: The minimum acceptable liability limits for privately owned vehicles is \$500,000 CSL (Combined Single Limit).*

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I am 21 years of age or older, hold a valid non-probationary driver's license, have no physical disability that may impair my ability to drive safely, and have required insurance coverage in effect on any vehicle used to transport students.

Driver's name (print) _____

Driver's signature _____ Date _____