Volunteer Driver Information

| <u>Driver</u> | | |
|--|---|---------|
| Name | Date of Birth | |
| Address | | |
| Phone | Alternate phone | |
| Driver's license # | | |
| | | |
| Vehicle(s)* that will be used | | |
| | Year and make | |
| | Model | |
| • 1 | License plate # | |
| | | |
| *If more than one vehicle is to be used, require | l 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 police | cv |
| covering that specific vehicle.) | | , |
| | | |
| Ĭ. | | |
| Expiration date | | |
| Liability limits of policy** | | |
| ** Please note: The minimum acceptable liabili | y limits for privately owned vehicles is \$500,000 CSL (Combined Single Limit). | |
| | | |
| <u>Certification</u> | | |
| I certify that the information given o | n this form is true and correct to the best of my knowledge. I unde | erstand |
| that as a volunteer driver, I am 21 year | rs of age or older, hold a valid non-probationary driver's license, ha | ave no |
| physical disability that may impair m | ability to drive safely, and have required insurance coverage in ef | fect |
| on any vehicle used to transport stud | nts. | |
| Driver's name (print) | | |
| Driver's signature | Date | |

