

VOLUNTEER DRIVER INFORMATION FORM

I. DRIVER:

Name: _____ Date of Birth: _____

Address: _____ Soc. Security No.: _____

_____ Phone: _____

Driver's License No.: _____

II. VEHICLE THAT WILL BE USED:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

_____ License Plate: _____

Registration Expires: _____ Inspection Expires: _____

If more than one vehicle is used, requested information must be provided for each vehicle.

III. INSURANCE INFORMATION: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Liability Limits of Policy*: _____

***Please Note:**

The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

IV. 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 must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. I also certify that I have no physical disability that may impair my ability to drive safely.

Signature

Date