

VOLUNTEER DRIVER INFORMATION SHEET

Driver: Name _____ Date of Birth _____

Address _____ Soc. Security # _____

_____ Phone _____

Driver's License # _____

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 to be used, requested information must be provided for each vehicle.

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 \$300,000

Minimum Bodily Injury/Property Damage Combined Single Limit; \$35,000 Combined Single Limit for Uninsured Motorist; \$35,000 Combined Single Limit for Underinsured Motorist.

Have you had any moving violations or accidents in the last 3 years? Yes ___ No ___

(If yes, describe on the reverse of this form.)

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.

(Signature) _____ Date _____