

VOLUNTEER DRIVER INFORMATION SHEET

I. Name: _____ Date of Birth: _____

Address: _____

Soc. Security #: _____ Phone: _____

Driver's Licenses #: _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

License Plate: _____

Registration Expiration: _____ Inspection Expiration: _____

If more than one vehicle is to be 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* _____

***NOTE: The minimal, acceptable liability limit for privately owned vehicles is \$100,000 each person, \$300,000 each accident for bodily injury, and \$50,000 per occurrence property.**

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 25 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: _____