



VOLUNTEER DRIVER INFORMATION SHEET

Driver Information

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Driver's License # _____ State Issued In _____

Vehicle Information (the one being used)

Name of Owner _____ Year & Make _____

Owner's Address _____

City _____ State _____ Zip _____

License Plate# _____ Registration 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 \$100,000/\$300,000.*

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 understand seat belts must be worn by all participants at all times!

Driver signature

Date