

VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:

Name _____ Date of Birth _____

Address _____ Phone # _____

Social Security # _____ Driver's License # _____

II. Vehicle that will be used:

Name of Owner _____ Year and Make _____

Address _____ Model _____

License Plate # _____ Registration Expires _____

Inspection Expires _____

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

III. Insurance Information: The insurance coverage for a privately owned vehicle is the Limit 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 \$500,000 CSI (Combined Single Limit).

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 twenty-one (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 state my vehicle is in good condition for the safe transportation of students.

Signature

Date