



VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:

Name _____ Date of Birth: _____

Address: _____

Soc. Sec. #: _____ Phone: _____

II. Vehicle that will be used:

Name of Owner: _____ Year & 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.

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* _____

* The minimal, acceptable liability limit for privately owned vehicles is \$500,000, Combined Single Limit (CSL).

IV. Certification:

I certify 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 children.

Signature

Date