



Confirmation of Transportation Insurance for Volunteers

Board of Directors

*Mr. Earl Ball,
Vice Chair*

I, _____, understand that my personal auto
(Please write your name)

*Ms. Dwayne Bell,
Treasurer*

insurance will provide the primary coverage while I am transporting a
Care Receiver for **ElderCARE** Lake County.

*Mr. Richard Krubeck
Secretary*

Secondary Insurance is provided by **ElderCARE** Lake County.

Ms. LaVera Davis

I have provided copies of my current driver's license and proof of auto insurance card.

Ms. Pam Hrabak

Ms. Jeanette Keyes

STAFF:

These forms will be kept on file at **ElderCARE** Lake County.

Executive Director

Rev. Jackie Lynn

Signature

Date

Program Director

Ms. Nancy Alongi

Address

Phone

Bi-lingual Outreach

Ms. Lee Ramirez

City, State, Zip Code

Please return completed and signed form to ElderCARE Lake County office in the envelope provided. Thanks for your help.