

VOLUNTEER DRIVER INFORMATION SHEET

I. **Driver:**
Name _____ Date of Birth _____
Address _____ Phone # _____
City _____ Zip Code _____

II. **Vehicle that will be used:**
Name of Owner _____ Year & Make _____
Owner Address _____ Model _____
City/Zip _____ License Plate # _____
Registration Expires: _____ Number of Seats with Belts _____

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 limit of the insurance policy covering that specific vehicle.

Insurance Company _____
Policy Number _____
Expiration Date _____
Liability Limits of Policy* _____

*Please note: As of August, 2003: The minimal, acceptable liability for privately owned vehicles is \$250,000/\$500,000. It is recommended that parents consider expanding coverage to \$500,000 CSL (Combined Single Limit). The additional **coverage is considered appropriate protection and, generally, inexpensive to purchase.**

IV. **Certification:**
I hereby 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.

Signature

Date

It is recommended that a photocopy of the driver's valid driver's license and auto insurance policy be attached to this form.

