

VOLUNTEER DRIVER FORM

Name of Driver: _____ Date of Birth/Age: _____

Address: _____

Drivers License #: _____ State Issued: _____ Expiration Date: _____

Year, Make & Model of Vehicle to be used: _____

Vehicle Owner Name and Address if different from driver information above:

Insurance Company's Name: _____

Policy #: _____ Date of Expiration: _____

Liability Limits: _____
(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: _____

In order to provide for the safety of those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

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, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used.

Volunteer Driver Signature

Date