



VOLUNTEER DRIVER FORM

Appendix K

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

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 (25 years of age to transport children under the age of 18), 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. I agree that I will refrain from using a cell phone (hands free included) or any other electronic device while operating my vehicle.

Volunteer Driver Signature and Date:

Appendix K