

VOLUNTEER DRIVER INFORMATION FORM

I. Driver: Name _____ Date of Birth _____
Address _____
_____ Phone _____
Driver's License # _____

II. Vehicle that will be used:
Name of Owner _____ Year and 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 limit of the insurance policy covering that specific vehicle.
Insurance Company _____
Policy Number _____
Expiration Date _____

IV. 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, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

(Signature)

(Date)