VOLUNTEER DRIVER INFORMATION SHEET

Ι.	Driver:	

	Name	Date of Birth
	Address	Phone #
	City	Zip Code
	Driver License #	
II. Ve	hicle that will be used:	
	Name of Owner	_Year & Make
	Owner Address	_ Model
		_License Plate
	Registration Expires	_ Number of Seats with Belts
lf more vehicle.	than one vehicle is to be used, reques	ted information must be provided for each
III. Ins	urance Information:	
Wh insuranc	en using a privately owned vehicle, t e policy covering that specific vehicle.	he insurance coverage is the limit of the
	Insurance Company	
	Policy Number	
	Expiration Date	

*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 \$500,000.00 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.

Liability Limits of Policy*