## **VOLUNTEER DRIVER INFORMATION SHEET**

l.	Driver:		
	Name_		Date of Birth
	Addres	s	Phone #
	City		Zip Code
	Driver	License #	
II.	Vehicle th	at will be used:	
	Name o	of Owner	Year & Make
	Owner	Address	Model
			License Plate
	Registr	ation Expires	Number of Seats with Belts
lf n	nore than o	ne vehicle is to be used, req	quested information must be provided for each vehicle.
111.	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*		
\$250,000/\$500,000. It is recommended that			al, acceptable liability for privately owned vehicles is nmended that parents consider expanding coverage to \$500,000.00 CSL additional coverage is considered appropriate protection and, rehase.
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.		
		Ŧ	(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.

March 2004