



VOLUNTEER DRIVER FORM

School year _____

I. DRIVER INFORMATION:

Check one: employee parent/guardian volunteer

Name _____ Date of Birth _____

Address _____ Social Security Number _____

City, State, ZIP _____ Telephone Number _____

Driver's License Number _____ Expiration Date _____

II. VEHICLE INFORMATION:

Name of Owner _____ Model _____

Address of Owner _____ Make _____

City, State, ZIP _____ Year _____

License Plate Number _____ Registration Expires _____

Number of seat belts without air bags, excluding driver* _____

* ALL passengers must wear seat belts. Children under age 12 may not occupy a front seat equipped with an air bag.

III. INSURANCE INFORMATION:

Insurance Company _____ Policy Number _____

Policy Expiration Date _____ Liability Limits of Policy** _____

** The minimum recommended bodily injury liability limit for privately owned vehicles is \$100,000 per person/\$300,000 per accident.

IV. CERTIFICATION:

- I have checked the safety of my vehicle and certify that the tires, brakes, lights, horn, and suspension are in good working order.
- I certify that I am 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 my vehicle.
- I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
- I certify that I have no physical condition, nor am I taking any medication, that would affect my ability to drive safely.
- I understand that if an accident occurs, my insurance company will bear primary responsibility for any losses or claims for damages.
- I certify that the information given on this form is true and correct to the best of my knowledge.

Signature

Date