

Appendix J:

Volunteer Driver Information Sheet

Driver

Name: _____ Telephone _____ :

Address: _____

Birth Date: _____ SS#: _____ - _____ - _____

Driver's

License#: _____

Vehicle

Owner: _____ Registration # _____

Address: _____

Year/Make/Model: _____

Insurance *(When using a privately owned vehicle, the insurance coverage of that vehicle is primary.)*

Insurance Company _____

Policy Number _____

Expiration Date _____

Liability Limits* _____

**Please note: The minimal acceptable liability for privately owned vehicles is a minimum of \$100,000 Comprehensive Coverage / \$300,000 Liability Coverage.*

I maintain a minimum of \$100,000 Comprehensive Coverage / \$300,000 Liability Coverage.

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.

Date

Signature