VOLUNTEER DRIVER INFORMATION SHEET

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 _______
     - (Buses only)

     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
     limits of the insurance policy covering that specific vehicle.

     Insurance Company ___________________________
     Policy Number _____________________________
     Expiration Date ____________________________
     Liability Limits of Policy * _________________

     *Please note: The minimal, acceptable liability limit for privately owned vehicles is
     $250,000/$500,000.

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. I understand seat belts must be worn by all participants at all times!

     ___________________________________________     ____________________________
     (Signature)                                     (Date)