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) ___________________________