June 30, 2009

Form D

Volunteer Driver Information Sheet

(Please Print)

I. Driver: Name_____ Date of Birth _____

Address_____ Social Security No._____

_____ Phone No. _____

Driver's License No._____

II. Vehicle that will be used:

Name of Owner_____ Year and Make _____

Address of Owner_____ Model_____

_____License Plate_____

Registration Expires_____ Inspection Expires _____

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 $100,000/$300,000/$100,000.

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, have held a valid driver license for three years or more, and have the required insurance coverage in effect on any vehicle used to transport students. I further agree that as a volunteer driver I will depart from and arrive at predetermined common location, that I will follow the same predetermined route, and I will follow the published schedule for departure/arrival.

Current Cell phone: _____

_____ _____

Signature Date