



DRIVER INFORMATION SHEET

Driver Name _____ Date of Birth _____
 Address _____ Social Security # _____
 _____ Phone# _____
 Driver's License # _____ Date of Expiration _____

Vehicle Information

Name of Owner _____
 Address of Owner _____ Model of Vehicle _____
 _____ Year of Vehicle _____
 License Plate # _____ Registration Expiration Date _____

Insurance Information: When using a privately-owned vehicle, insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____
 Policy # _____
 Date of Policy Expiration _____
 Liability Limits of Policy* _____

*Please note: The minimal, acceptable limit for privately-owned vehicles is \$500,000.

Accident Record for Past 3 Years (Attach Sheet if More Space is Needed.)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Past accident:			
Next previous:			

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Location (City & State)	Date	Charge	Penalty

Certification

I certify that the information given on this form is true and correct to the best of my ability. I understand that as a volunteer driver, I must be 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 any vehicle used to transport students.

Signature

Date