

**VOLUNTEER DRIVER INFORMATION SHEET**

I. Driver:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Driver License # \_\_\_\_\_

II. Vehicle that will be used:

Name of Owner \_\_\_\_\_ Year & Make \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Model \_\_\_\_\_ License Plate \_\_\_\_\_  
Registration Expires \_\_\_\_\_ Number of Seats with Belts \_\_\_\_\_

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 limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_

\*Please note: As of August, 2003: The minimal, acceptable liability for privately owned vehicles is \$250,000/\$500,000. It is recommended that parents consider expanding coverage to \$500,000.00 CSL (Combined Single Limit). The additional coverage is considered appropriate protection and, generally, inexpensive to purchase.

IV. Certification:

**I hereby 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.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**It is recommended that a photocopy of the driver's valid driver's license and auto insurance policy be attached to this form.**

**All drivers must be cleared through Ichat (criminal background check) through the school.**