

21 or more years of age

I. Driver: Name: _____ 21 yrs or older: Y: ___ N: ___

Address: _____ Phone: _____

City: _____ Zip: _____

Driver's License Number: _____

II. Vehicle that will be used:

Name of Owner: _____

Address of Owner: _____

Year and Make: _____ 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.)

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.

(Signature)

(Date)