

VOLUNTEER DRIVER INFORMATION SHEET

Valid for Michigan and Indiana Drivers Only

I. Driver:

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Driver's License #: _____ Expiration: _____

II. Vehicle that will be used: (Information must be provided for each vehicle.)

Name of Owner: _____ Year and Make: _____

Address: _____ Model: _____

License Plate#: _____ Registration Expires: _____

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 \$500,000 CSL (Combined Single Limit). Due to some insurers' limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

IV. Certification:

I certify 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 twenty-one (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 also state my vehicle is in good condition for the safe transportation of students.

Signature

Date