

VOLUNTEER DRIVER FORM 2011-2012

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Insurance Company Name: _____

Liability Limits: _____
(Minimum Limits of \$100,000/\$300,000 required)

Agent's Name: _____

License Plate #: _____ Date of Expiration: _____

Insurance Expiration Date: _____

Please attach a copy of proof of insurance and driver's license.

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

Volunteer Driver

Church/School Representative