

VOLUNTEER DRIVER INFORMATION

DRIVER

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

PHONE #: _____

DRIVER'S LICENSE #: _____

EXPIRATION DATE: _____

VEHICLE THAT WILL BE USED

OWNER'S NAME: _____

MODEL OF VEHICLE: _____

OWNER'S ADDRESS: _____

MAKE OF VEHICLE: _____

YEAR OF VEHICLE: _____

LICENSE PLATE #: _____

EXPIRATION DATE: _____

If more than one vehicle will be used, the above information must be provided for each vehicle.

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 #: _____

EXPIRATION DATE: _____

LIABILITY LIMITS OF POLICY*: _____

*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

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, 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 participants of the event.

Signature

Date