

VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET
DRIVERS MUST BE 21 OR OLDER

I. Driver:

Name: _____ Date of Birth: _____
Address: _____ Soc. Sec. No: _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____
Address of Owner: _____ Model: _____
_____ License Plate: _____
Registration Expires: _____ Inspection Expire: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit 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 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/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

(Signature)

(Date)

(Revised: August, 2003)