Volunteer Driver Form

Thank you for volunteering to transport our students to an off-campus event. In order to assure that our drivers and their vehicles are properly licensed, registered, and insured, we are asking you to provide us with the following information:

Name:	
Address:	
Phone: home:	cell:
Name of vehicle insurance company:	
Policy#:_	
Please provide the office with a copy of yo	ur:
 Your signature below indicates that you are I am at least 21 years of age. I have a valid Driver's License. My vehicle is inspected and registere My vehicle is safe and in good repair 	
Signature:	
Printed Name:	
Data	