

# 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 your:**

- Driver's License
- Vehicle insurance
- Vehicle registration

**Your signature below indicates that you and/or your vehicle meet the following requirements:**

- I am at least 21 years of age.
- I have a valid Driver's License.
- My vehicle is inspected and registered according to state laws.
- My vehicle is safe and in good repair.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_