## **VOLUNTEER DRIVER FORM**

Name	of Driver:	
Addre	ess:	
Drivers License #:		State Issued:
Year,	Make & Model of Vehicle:	
Insura	ance Company's Name:	
Liabil	ity Limits:	
(State	Minimum limits required, Limits of \$100,0	00/\$300,000 recommended)
Pleas	e provide a copy of Proof of Insurance	e and valid driver's license for our files.
	ovide for the safety of those we serve, wing questions with a <u>YES</u> or <u>NO.</u>	e ask each volunteer to answer the
1.	I have a conviction for an infraction in influence or driving while intoxicated	avolving drugs or alcohol (such as driving under the ) in the last three years. <u>YES</u> or <u>NO</u>
2.		infraction involving drugs or alcohol (such as while intoxicated) in the last seven years. <u>YES</u> or
3.	I have 3 or more moving violations an	d/or accidents in the last three years. <u>YES</u> or <u>NO</u>
Plea	se be aware that as a volunteer o	driver, your insurance is primary.
Than	k you for helping us with our transporta	tion needs.
<u>Certi</u>	fication/Pledge	
kn w vo th co	nowledge. I understand driving for Churill exercise extreme care and due diligerelunteer driver, I must be 21 years of ago be proper and current license and vehicles werage in effect on any vehicle. I agree ther electronic device while operating me	
-	oledge not to make phone calls or text w ull over to a safe place and come to a sto	hile operating a vehicle as a volunteer. I will op prior to any such use.
$\overline{\mathbf{V}}$	olunteer Driver Signature	 Date