

VOLUNTEER DRIVER FORM

		Confirmed <u>Initials</u>
1. Name of Driver:	_____	_____
2. Name of Insurance Carrier:	_____	_____
3. Name of Insured:	_____	_____
4. Policy Number:	_____	_____
5. Expiration Date:	_____	_____
6. Insurance Coverage:		
a. Public Liability (amount):	_____	_____
b. Property Damage (amount):	_____	_____
c. Collision (deductible):	_____	_____
d. Medical (amount):	_____	_____
7. Driver's License Number:	_____	_____
a. Issuing State:	_____	_____
b. Expiration Date:	_____	_____
c. License Class:	_____	_____
d. Restriction(s) (if any):	_____	_____
e. Doctors Certificate: (Required over age 65 or Class B)	_____	_____
8. Vehicle Registration Number:	_____	_____
Expiration Date:	_____	_____
9. Vehicle License Number:	_____	_____
10. Number of belted seats for passengers your vehicle is designed to carry:	_____	_____
11. Copies attached:		
a. Driver's License:	_____	_____
b. Insurance Policy [Declaration page/s]:	_____	_____
c. D.M.V. Pull Notice	_____	_____

Driver's Signature: _____ Date: _____

Church Leader Signature: _____ Date: _____