

Volunteer Driver Form

Name of Driver _____ DOB/Age _____

Address: _____ Cell # _____

Driver's License # _____ State _____ Exp. Date _____

Car Insurance Company Name _____

Policy # _____ Exp Date _____

Please be aware that as a volunteer driver, your insurance is primary.

Certification

I certify the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used.

Volunteer Drive Signature _____ Date _____