

APPENDIX E – 5 VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____
(Minimum Limits \$25,000/\$50,000 recommended \$100,000/\$300,000)

Agent's Name: _____

In order to provide for the safety of those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

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

Thank you for helping us with our transportation needs.

Certification

I certify that 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. I understand my personal insurance is primary should an accident occur. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle. I have read and will abide with the "Requirements for Drivers" statement which are listed on Parish Assistance Memo 704. I am fit to operate a vehicle and will operate it safely and in accordance with the law at all times.

Volunteer Driver Signature

Date

Review By

Date

Note: To be filed in Volunteer File - Copy of current Insurance coverage to accompany this form