



Volunteer Driver Information Sheet

(Drivers must be 21 years of age or older)

Driver Information:

Name: _____ Date of Birth: _____

Address: _____ Phone: () _____

_____ Cell phone: _____

Social Security number: _____

Have you been issued a citation for a moving violation in the last five years?

Yes

No

If yes, please give dates and explain:

Have you been involved in a traffic accident in the last five years?

Yes

No

If yes, please give dates and explain:

Do you have any medical condition or physical disability that may impair your ability to drive safely?

Yes

No

If yes, please explain:

Vehicle to be used:

Name of Owner: _____ License plate number: _____

Address of Owner: _____

Year/make/model: _____

Registration expiration date: _____

Please complete back side of form also.

Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company: _____ Address: _____

Expiration date: _____

Liability limits of policy* _____ Policy number _____

***Please note: the minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.**

Certification:

I authorize the Charlevoix Public Schools to access my driving record through the Michigan Department of State Bureau of Driver and Vehicle Records. The district will only disclose any information obtained from the Michigan Department of State Bureau of Driver and Vehicle Records on a need to know basis.

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

Driver's License number: _____

Driver signature

Date

Ch:h:board/policy/volunteerdriverform

Please submit this completed form to the transportation director.