

Volunteer Driver Information Sheet
Clement Service Day
April 24, 2010

Driver

Name: _____
Address: _____
Phone: _____
Birth Date: _____
Driver's License Number: _____

Vehicle

Owner: _____
Address: _____
Year/Make/Model: _____
Registration Number: _____

Insurance *(When using a privately owned vehicle, the insurance coverage of that vehicle is primary.)*

Insurance Company: _____
Policy Number: _____
Expiration Date: _____
Liability Limits of Policy* _____

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

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, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport volunteers.

Signature _____ Date _____