



Parent Volunteer Driver Application

SECTION #1:

APPLICANT INFORMATION

Name as it appears on Driver's License: _____ D.O.B. _____
First Last Must be 25 years of age or older.

Driver's License Number: _____ Class: _____ Issuing State: _____ Expiration Date: _____

Mailing Address: _____ Daytime Phone: _____
Street City Zip Code

SECTION #2:

PRIVATE VEHICLE INFORMATION

(you may only use the vehicle below to transport students)

Make: _____ Model: _____ Year: _____ License Plate #: _____

Registration Exp. _____ # Seats: _____ # Seat Belts: _____

SECTION #3:

INSURANCE INFORMATION

Minimum Required: 100,000 Bodily Injury Per Person, 300,000 Bodily Injury Per Occurrence, 50,000 Property Damage, or 300,000 combined each occurrence.

Auto Insurance Company: _____ Policy #: _____ Expiration Date: _____

Limits of Liability:

Bodily Injury per Person: _____ Bodily Injury per Occurrence: _____ Property Damage: _____

SECTION #4:

Please answer the following questions

Have you received any citations for moving violations during the past two (2) years? Yes No

If yes please explain and give complete details: _____

Is your vehicle in good working condition? Yes No

If no please explain and give complete details: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes please explain and give complete details: _____

Certification: The information that I have provided is true and correct. I understand that, if a collision occurs, my insurance coverage shall take on primary responsibility for any losses or claims of damage.

Applicant Signature: _____ Date: _____

My child's school site is: _____