

**OPEN ARMS CHRISTIAN PRESCHOOL
VOLUNTEER DRIVER INFORMATION SHEET**

DRIVER: Name: _____ DOB: _____
Address: _____
Phone: _____ Driver's License Number: _____

VEHICLE(S) THAT WILL BE USED:

VEHICLE I	VEHICLE II
Name of Owner: _____	Name of Owner: _____
Year and Make: _____	Year and Make: _____
Address of owner: _____	Address of owner: _____
_____	_____
Model: _____	Model: _____
License Plate: _____	License Plate: _____
Registration Expires: _____	Registration Expires: _____
Inspection Expires: _____	Inspection Expires: _____
Number of Operational Seat Belts: _____	No. of Operational Seat Belts: _____
First Aid Kit in car ____ (yes) ____ (no)	First Aid Kit in car ____ (yes) ____ (no)

If more than one vehicle is to be used, requested information must be provided for each vehicle.

INSURANCE INFORMATION:

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

INSURANCE COMPANY: _____
POLICY NUMBER: _____
EXPIRATION DATE: _____
LIABILITY LIMITS OF POLICY** _____

** Please note: The minimal, acceptable liability limit for privately owned vehicles is \$250,000/\$500,000/\$100,000.

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, drive a registered car with a current inspection sticker, and have the required insurance coverage in effect on any vehicle used to transport students. If any of the above information changes during the school year, I will notify the preschool office.

SIGNATURE OF

DRIVER: _____ **DATE:** _____

SIGNATURE OF REGISTERED OWNER: _____