

## VOLUNTEER DRIVER INFORMATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Yes    No    Please check the appropriate answer to these statements:**

\_\_\_    \_\_\_    **The vehicle transporting students is insured by a policy providing property damage coverage with a limit of not less than \$10,000 and bodily injury liability coverage with limits of not less than \$25,000 for each person, and, subject to the limit for each person, a total limit of not less than \$50,000 for each accident.**

\_\_\_    \_\_\_    **I possess a valid Missouri operator's license.**

\_\_\_    \_\_\_    **I am at least 21 years of age.**

\_\_\_    \_\_\_    **I have sufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator.**

\_\_\_    \_\_\_    **I have not been convicted of reckless driving, driving while under the influence of an intoxicant or of a controlled substance, or any offenses enumerated under the law within the last two-year period.**

\_\_\_    \_\_\_    **I agree to have all persons seat-belted in the vehicle which I operate.**

**Please sign and return to your child's teacher or to the school office.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Approval of volunteer driver based on above information:**

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_