

DRIVING PERMISSION FORM

ADULT VOLUNTEER DRIVERS

Driver's Name (as it appears on Driver's License): ----- _____

Address: _____

Phone #: _____

Driver's License (photo copy required)

Insurance: (photo copy of cover page and limits of insurance policy required) including:

- **Insurance Policy Number:** _____
- **Expiration Date:** _____
- **Insurance Agent Name and Phone #:** _____
- **Underlying bodily injury limits on policy:** _____

I have met with Harlan Smith, Director of Operations, and been approved as a volunteer driver for school activities

I have signed an authorization for the school to perform a CORI (criminal background) check

I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from school activities. Signature also indicates my assurance that my child and I have valid a automobile insurance policy with the following minimum coverages: bodily injury, \$100,000/\$300,000 per accident; Property Damage, \$50,000 per accident; Medical Payment \$2000 per accident.

Adult Volunteer Signature

Date

Harlan Smith, Director of Operations

Date