

# 2018-19 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 Amy Wales, 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*

\_\_\_\_\_  
*Amy Wales, Director of Operations*

\_\_\_\_\_  
*Date*