

## 2010 PARENT VOLUNTEER DRIVER INFORMATION FORM



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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a current Pennsylvania driver's license? Yes No  
(Please make a copy of your license and hand in with request)

Driver's License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Current automobile Insurance policy expiration date: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact person : \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you had any tickets and/or accidents in the past three years? Yes No  
If yes, please explain:

Has your license ever been revoked, suspended, or restricted? Yes No  
If yes, please explain:

Do you have any physical or visual impairment other than the use of corrective glasses or lenses? Yes No  
If yes, please explain:

Have you had any company cancel or refuse to provide personal Auto Insurance? Yes No  
If yes, please explain:

Is your auto insurance liability limit no lower than 100/300/50? Yes No

I understand that I will be driving my vehicle and that my auto insurance policy (not the churches) is responsible for any damage in the event of an accident. I understand that my auto insurance **will, more than likely**, be engaged as the primary coverage respondent in case of an accident and/or injury(ies). I verify that my vehicle is in good working order and is appropriately state inspected and registered to transport students to and from the school event (to the best of my knowledge). I confirm that the above information is accurate and complete. If I receive a ticket or am involved in an accident, I will inform Grace Church of the information.

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