

## VOLUNTEER DRIVER FORM (WHEN USING A PERSONAL VEHICLE)

Name of Driver:	Date of Birth:
Address:	
Drivers License#:	State Issued:
Year, Make, Model of Vehicle:	
Insurance Company's Name:	
Liability Limits:(Minimum Lin	nits of \$100,000/\$300,000 Required)
	e we serve, we ask each volunteer to answer the following
	r an infraction involving drugs or alcohol (such as driving hile intoxicated) in the last three years.
-	YES NO
	nvictions for an infraction involving drugs or alcohol (such as riving while intoxicated) in the last seven years. YES NO
3. I have had no more than three m	noving violations or accidents in the last three years. YES NO
	OLUNTEER DRIVER, YOUR INSURANCE IS PRIMARY Y OF PROOF OF INSURANCE FOR OUR FILES.

## **Certification**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

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

Volunteer Driver Name (Please Print)

Volunteer Driver Signature

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