

Respite Volunteers of Shiawassee

710 W. King Street Owosso, MI 48867 (989) 725-1127

Volunteer Driver Information Sheet

I. Driver:

Name: _____ Date of Birth: _____

Address: _____

Telephone _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

Registration Expires: _____

Second Vehicle used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy: _____

*Please attach a copy of liability limits.

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer/employee driver, I must hold a valid driver's license and must have the required insurance coverage in effect on any vehicle used to transport patients, family caregivers, volunteers, co-workers, and/or interns acting on behalf of the program.

(Signature)

(Date)

V. Recommendation:

Only experienced drivers, 18 years or older, should transport patients, family caregivers, volunteers, co-workers, and/or interns.