



# Volunteer Automobile Driver Authorization

**SCHOOL** \_\_\_\_\_

## Volunteer Driver Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

VEHICLE MAKE (1) \_\_\_\_\_ YEAR \_\_\_\_\_

VEHICLE MAKE (2) \_\_\_\_\_ YEAR \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_ POLICY # \_\_\_\_\_

### ALL DOCUMENTATION LISTED BELOW SHALL BE PROVIDED TO THE PRINCIPAL

<b>DOCUMENTATION</b>	✓
Two Million Public Liability Insurance	
Current Driver's Abstract (3yr)	
Criminal Check	
Child Intervention Check	

SIGNATURE OF DRIVER \_\_\_\_\_

PRINT NAME \_\_\_\_\_

### AUTHORIZATION TO ACT AS A VOLUNTEER DRIVER

SIGNATURE OF PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_