



VOLUNTEER DRIVER ACKNOWLEDGEMENT FORM

Name of Organization: _____ (**"Organization"**)

Event(s) (describe event(s), location, and date(s)):

Thank you for volunteering to drive in connection with the Event. In order to help us with our recordkeeping and ensure that proper vehicle insurance is in force, please attach a photocopy of your driver's license and vehicle insurance card to this acknowledgment form, review and sign the certification, and return this form to us. Please let us know if you have any questions.

Driver's Name

Name: _____ Date of Birth: _____

Address: _____

Vehicle that will be used

Name of Owner: _____

Address of Owner: _____

Year and Make: _____ License Plate: _____

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

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand and agree that as a volunteer driver, I must be 21 years of age or older and hold a valid driver's license. I certify I am the owner of the vehicle to be used for this Event, or have the express permission of the owner of the vehicle to use the vehicle for this Event. In addition, I certify that the vehicle will be insured at all relevant times with the recommended insurance coverage (minimum bodily injury liability coverage limits of \$100,000 per person / \$300,000 per occurrence; and minimum property damage coverage of \$50,000 (or a Combined Single Limit of \$300,000)), and understand that in the event of an automobile accident chargeable to me, this vehicle insurance will be the primary coverage for any resulting claims.

Additionally, I agree that I will comply with all applicable laws, regulations, and Organization rules and require passengers in my vehicle to be properly restrained by a seatbelt or car seat.

Driver Signature: _____

Date: _____

Phone Number: _____ Email: _____