

VEHICLE TRANSPORTATION INFORMATION – VOLUNTEER CARS

Today's Date _____

Driver's Name _____ (must be at least 25 years of age).

Driver's Phone No. _____

CA Driver's License No. _____

Auto Make (1) _____ Model _____ Year _____

Registration No. (License Plate) _____

Auto Make (2) _____ Model _____ Year _____

Registration No. (License Plate) _____

No. of Passenger Seat Belts _____ (Children must be secured by either a federally approved child passenger restraint system or a safety belt depending on their height and age. Go to www.dmv.ca.gov to view the current CA Driver Handbook – Occupant Protection requirements).

Insurance Company _____

Policy No. _____ Phone No. _____

Coverage Must Include: (Please check the box that applies to you.)

- | | |
|---|--|
| <input type="checkbox"/> \$15,000/\$30,000/\$5,000 | <u>California Minimum Requirement</u> |
| <input type="checkbox"/> \$100,000/\$300,000/\$50,000 | Recommended |
| <input type="checkbox"/> \$250,000/\$500,000/\$50,000 | Strongly Recommended |

Insurance effective dates from _____ to _____

(Attach copy of current coverage)

Emergency Contact Name _____

Relationship _____ Phone No. _____

The above information is true and correct. I understand that as a parent driver it is my responsibility to maintain insurance coverage and a valid driver's license throughout the school year. If there is any change in my insurance coverage or driving status, I will update this information.

Signature

Date