

Volunteer Driver Policy and Form

Driver Information

First Name:	Last Name:
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Address:	
Cell Phone:	Home Phone:
DL#:	DL State:
DL Expiration Date:	

Vehicle Information

Make	Color	Year	# of Seatbelts	License #

Insurance Information

Carrier	Insurance Expiration Date	Insured Carriers

I hereby offer to provide for the transportation of students of the Franklin School of Innovation. In making this offer, I understand in the event of a vehicular accident, coverage is provided by the volunteer driver's own automobile insurance. The school does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students I certify that I am 21 years or older.

Signature

Date