

Traverse City Christian Schools
Volunteer/Employee Driver Information Sheet
A COPY OF A VALID DRIVER'S LICENSE MUST ACCOMPANY THIS FORM

Driver Name: _____ Date of Birth: _____

Drivers License #: _____ ***ATTACH COPY of VALID DRIVERS LICENSE***

Address: _____

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Owner of vehicle that will be
used: _____

Address of
Owner: _____

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Year, Make &
Model: _____

License Plate: _____ Registration Expires: _____

Insurance
Company: _____

Policy #: _____ Expiration
Date: _____

Liability Limits of
Policy*: _____

*The minimal, acceptable liability limit for privately owned vehicles is \$500,000 (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

(use a separate form for each vehicle being used, requested information MUST be provided for EACH vehicle)

I hereby 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 hold a valid driver's license and

have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the school or related entities.

Signature: _____ Date: _____

Only an experienced driver, 21 years old or older, should transport students. Chaperones must also be 21 years old or older.