

Saginaw Township Community Schools VOLUNTEER DRIVER INFORMATION SHEET

School _____ Effective Dates _____

****NOTE:** A new form must be completed for each school year that you wish to be a volunteer driver.
An information sheet must be provided for each vehicle to be used.

Driver Information:

Name:	Date of Birth:
Address:	Home Telephone #:
City, State, Zip Code:	Work Telephone #:
Email Address:	
Driver's License #:	Driver's License Expiration Date:

Vehicle Information:

Registered Owner (if same as above, write SAME):	Year/Make:
Address:	Model:
City, State, Zip Code:	License Plate #:

Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle. The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300,000

Insurance Company:	
Policy #:	Coverage Dates: Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No

COPIES ARE ATTACHED AND EXPIRATION DATES VERIFIED:

- | | |
|--|-----------------|
| <input type="checkbox"/> Valid Michigan Driver's License. | EXP DATE: _____ |
| <input type="checkbox"/> Valid Insurance Policy Declaration Page showing \$100,000/\$300,000 liab limits. | EXP DATE: _____ |
| <input type="checkbox"/> Valid Vehicle Registration showing this driver as the vehicle's registered owner. | EXP DATE: _____ |

Acknowledging District Representative (Print Name) District Representative Signature Date

Driver Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid Michigan driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. I acknowledge that I have received copies of Insurance Consumer Information Sheets explaining Michigan No-Fault Insurance and Mini-Tort. I acknowledge that I understand my liability under Michigan No-Fault law as it relates to the transportation of student passengers and I agree to strictly adhere to Michigan's revised booster seat laws for students less than 8 years of age and under 4 foot 9 inches tall as described above. I certify that I have a safe driving record and also acknowledge that the school district reserves the right to review the driving record of any person providing volunteer driver service to any student in the school district.

I also certify that the vehicle used for this transportation is in proper working order, meets all applicable safety standards, and will require all occupants to wear seat belts while under way.

Volunteer Driver (Print Name)	Administrator (Print Name)
Volunteer Driver Signature	Administrator Signature
Date	Date