TRANSPORTATION INFORMATION FOR VOLUNTEER CARS

Date_____

Drivers Name (must be at least 21 years of age)_____

Drivers License
Number_____

Auto
Make_____Model_____Year_____

Number of passenger seat belts_____

Insurance
Company_____Policy#_____

Insurance
Agent_____Phone#_____

Coverage <u>must</u> include: Bodily injury/property damage
$15,000/$30,000/$5,000

Insurance effective dates from_____to_____
(Attach copy of current coverage)

Car Owner's
Signature_____Date_____Phone_____
Owner's signature indicates approval and signifies that the above information is correct

Person to contact in case of emergency_____Phone_____

Date of Event	**Place of Event**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____