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**VOLUNTEER DRIVER
INSURANCE LIABILITY FORM**

If you have a completed form already on file, please send only a photocopy of your insurance card

Dear Volunteer Driver,

Bishop Garcia Diego High School greatly appreciates your services, driving students to extra-curricular activities. The school is also responsible for ensuring the safety and well-being of the students. In accordance with our policy, the following information is requested to be kept on file with the Athletic Director, and updated as necessary. Thank you again for your support.

POLICY

Driver must be over 21 years of age (preferably over 25).

Driver must have a valid, unrestricted California Driver's License.

Driver must carry liability insurance on the vehicle to be used.

One seat belt must be provided for and used by each individual vehicle occupant.

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Name of Driver _____

Address _____

Telephone No. _____ Cell phone no. _____

California Driver's License No. _____ Expiration Date _____

Make, model and year of vehicle _____

Name of insurance company _____

Policy number _____ No. of seat belts in vehicle _____

- Please attach a copy of your:** 1) California Driver's License
2) Auto Insurance Declaration of Coverage Limits

I certify that the above-described vehicle is in good mechanical condition (i.e., good tires and brakes, properly functioning turn signals, etc.) and that the above information is accurate.

Driver's signature _____ Date _____