## VOLUNTEER DRIVER LICENSE BACKGROUND CHECK RELEASE

Date:				
Name of Driver:				
Address:				
Street	City	State	Zip	
Driver's License #	Birth Date:	State Is	State Issued:	
Year, Make & Model of Vehicle:				
Insurance Company's Name:				
Liability Limits: (Minimum Limits of \$100,000/\$300,0				

## Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church/School is a profound responsibility and I will extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date