INSURANCE VERIFICATION FORM & VOLUNTEER TRANSPORTATION AGREEMENT

I volunteer to drive my personal vehicle to provide transportation for ___*Linfield Christian School*___ for ____ _____*on*_ _____ leaving at _____ ( ) AM ( ) PM and returning at approximately _____ ( ) AM ( ) PM.

As the above named organization requires that each volunteer driver furnish the following information for approval prior to driving on their behalf, I voluntarily provide and permit the organization to review my records.

1) *Copy of Valid Driver's License*
2) *Copy of DMV Driver Record Request From California Department of Motor Vehicle ONLY*
3) *Copy of Insurance ID card showing effective dates of the insurance policy*
4) *Copy of Insurance Declaration Page showing limits of insurance*

Minimum acceptable Liability Limits

	Bodily Injury	$100,000 per person/ $300,000 per accident
	Property Damage	$50,000 per accident
Or	Combined Single Limit	$300,000 per accident
	Medical Payments	$5,000 per person
	Uninsured Motorist	$30,000 per person/ $60,000 per accident

Additionally, I agree that:
➢ I will be responsible for any comprehensive or collision damages suffered by my automobile during the above referenced activity.
➢ I shall obey all traffic laws and operate my vehicle in a safe manner.
➢ I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.
➢ I am not taking any drugs, prescription or other that have a warning about operating a vehicle or are known to impair mental alertness or cause physical impairment including but not limited to drowsiness and dizziness.

Effective January 1, 2012 The State of California Vehicle Code 27360 was amended:

Children under the age of **8 years**
OR
under **4 feet 9 inches in height** must be secured in a car seat or booster seat.

Additionally, children under age 8 must be secured in the **back seat**.

Effective July 1, 2008 The State of California Vehicle Code 23123 was enacted which prohibits all drivers from using a handheld wireless telephone while operating a motor vehicle.

I understand that my insurance is primary and any insurance carried by the organization that may be applicable is secondary

I have read the above and I understand and agree with the requirements listed above.

_____   _____
Signature   Date   Phone Number

_____   _____
Name Printed   Vehicle Description

rev. 12/2011