

# VOLUNTEER DRIVER INFORMATION FORM

Name: \_\_\_\_\_

Status:        \_\_\_\_\_ Faculty/Staff        \_\_\_\_\_ Student

Course: \_\_\_\_\_

Activity:

Date of Activity: \_\_\_\_\_

1.     **Description of Motor Vehicle**

Year/Make/Model: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

Is Vehicle Insured?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Identify Insurer: \_\_\_\_\_

Please attach a copy of the valid certificate of insurance.

2.     **Operator Information** - Please attach a copy of your driver's license.

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE AND AGREE THAT IN OPERATING THE MOTOR VEHICLE DESCRIBED HEREIN I SHALL ABIDE BY ALL RULES, REGULATIONS AND LAWS GOVERNINING THE USE AND OPERATION OF MOTOR VEHICLES IN THE STATE OF NEW YORK AND GOVERNMENTAL SUBDIVISION THEREOF.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Driver Signature)