CAROLINA CONFERENCE OFFICE OF EDUCATION
VOLUNTEER DRIVER QUESTIONNAIRE

Name _____ Are you over 21?_____

Address_____City_____ St_____Zip_____

Driver's License #_____ Expiration Date _____

State in which license is held_____

Do you have a current Auto Insurance Policy? _____Yes _____No

Carrier _____Expiration Date _____

Limit of Liability $_____

Medical/PIP Limit $_____

Have you been involved in any *At Fault* accidents within the last three years?

_____Yes _____No If yes, describe below:

_____

_____

_____

Have you been cited for any moving violations within the last three years?

_____Yes _____No

_____

_____

_____

I understand that should I be involved in an accident while driving for the school, **my** insurance will be primary.

Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature _____Date_____

School: Mills River Seventh-day Adventist School