



VOLUNTEER DRIVER APPLICATION

Last Name _____ First _____ M.I. _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Work _____

Email _____

Driver's License

License Number _____

Expiration Date _____ State _____ Class _____

Auto Insurance

Insurance Company Name _____

Insurance Company Phone _____

Bodily Injury Limit _____

Property Damage Limit _____

How long have you been driving in this community?

Will you participate in an orientation session (required of all drivers)?

Have you been involved in a car accident in the last 5 years? If yes, please explain the circumstances and if you were given a citation:

Have you received a traffic violation (unrelated to parking) in the last 5 years? If yes, please explain the circumstances:

Have you ever been convicted of any type of felony or misdemeanor involving a vehicle? If yes, please explain the circumstances:

Do you have any health issues or other factors that might affect your driving? If yes, please explain:

Do you have limitations on where you will drive? If yes, please explain:

Disclaimer and Signature

I agree to maintain liability insurance of at least \$300,000 single incident coverage or \$100,000/\$300,000/\$100,000 split coverage as a condition of my volunteer driving role for the Lighthouse Center for Vital Living.

I understand that if I drive my own vehicle instead of a vehicle owned and maintained by the Lighthouse Center for Vital Living my own insurance will be the primary insurance and the insurance coverage maintained by the Lighthouse may or may not apply in the case of any damages, insurance claims, and/or lawsuit beyond those covered by my own insurance policy.

I agree that the Lighthouse Center for Vital Living is not responsible for any liability beyond what is covered by my own insurance and/or the insurance policy of the Lighthouse Center for Vital Living.

I agree to inform the Lighthouse Center for Vital Living of any changes in my driving record or insurance.

First and Last Name (printed)

Signature

Date