

Information Required from Volunteer Drivers

I, _____, agree that Eliot Unitarian Chapel may make a background check on my driving record in the state of Missouri.

My driver's license number is: _____.

My date of birth is:_____.

My personal injury liability levels of automobile insurance are:

\$ _____ each person

\$ _____ each occurrence

I agree to maintain these limits of insurance coverage or to notify Eliot Chapel if these limits are modified. Should the coverage be cancelled, I agree that I will no longer volunteer to drive for Eliot Chapel events.

Signed:

Signature

Date

(Please print name)

Copy of my driver's license is attached / on reverse /

For information only:

I plan to be driving for RE _____

Junior High _____

Senior High _____

Care Team _____

Other _____ (pls specify)