

**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 -----

Field trip drivers must hold an insurance policy with minimum limits of liability:

Amount insured for Medical Per Person Per Accident (Needs to be \$100,000) _____

Amount insured for Medical Per Accident (Needs to be \$300,000) _____

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 in the last three years?

_____ Yes _____ No If yes, describe below:

I understand that if I should 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 SDA School _____