## Insurance Verification Form and Volunteer Transportation Agreement

I, the undersigned, volunteer to d	irive my personal v	reficle to provid	de transportation
<b>For:</b> (name of group or persons)	_	_	
From: (complete address)			
<b>On:</b> (date)	Leaving at	A	$\mathbf{M}()$ $\mathbf{PM}()$
To: (place of event)*			
And returning approximately <b>Dat</b>	e:	Time:	AM ( ) PM ( )
Central California Conference of Sev	venth-day Adventists	s requires that ea	ch volunteer driver
<ol> <li>Be 21 years or older.</li> <li>Have NO at fault accidents on</li> <li>Have no more than 2 moving v</li> <li>Have gone through the crimina</li> </ol>	violations on their act	ive driving recor	d.
and furnish the following inform		orior to driving o	n its behalf.
<ol> <li>Copy of Valid Drivers License</li> <li>Copy of Insurance ID card sho</li> <li>Copy of Insurance Declaration</li> </ol>	owing effective dates		rerage
Recommended limits for volunteer	s are:		
Bodily Injury Property Damage OR Combined Single Limit I PD Medical Payments Uninsured Motorist	BI/	\$!	0,000 per accident 5,000 per accident \$300,000 \$5,000 0,000 per accident
Additionally, I agree that: My insurance will respond to any acperiod. Additionally, I will be responsame time. I shall obey the traffic la lap belt and shoulder harness while years and/or under 4′ 9″ tall are being am not aware of any defect or mechaproblem.	nsible for any compositions, including the real the vehicle is in tran ing transported, then	rehensive or colli quirement that al sit. If children u an approved car	sion losses during the l passengers use the nder the age of eight r seat shall be used. I
I have read the above and I understa	and and agree with the	he above listed re	equirements.
Signed			Date
Nama Printed		Vohic	rla Licanca Platas

<sup>\*</sup>Event must be sponsored by the Central California Conference or an Entity within the CCC umbrella.