

PARENT VOLUNTEER/EMPLOYEE VEHICLE USAGE FORM



CHECK ONE: _____ PARENT VOLUNTEER _____ EMPLOYEE

DRIVER AND INSURANCE INFORMATION

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|----------|---------------------|
| FATHER: | MOTHER: |
| ADDRESS: | |
| STREET | CITY STATE ZIP CODE |

PHONE NUMBERS

| | | |
|-------|--------------|--------------|
| HOME: | FATHER CELL: | MOTHER CELL: |
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FATHER INFORMATION

| | | |
|--|---------------------|------------------|
| DATE OF BIRTH: | DRIVER'S LICENSE #: | EXPIRATION DATE: |
| YEAR,MAKE, MODEL OF CAR: | | TAG #: |
| MOVING VIOLATIONS IN PAST 3 YEARS: | | |
| PLEASE EXPLAIN: | | |
| NUMBER OF ACCIDENTS IN THE PAST 3 YEARS: | | |
| PLEASE EXPLAIN: | | |
| INSURANCE COMPANY: | PHONE: | |
| POLICY #: | EXPIRATION DATE: | |

MOTHER INFORMATION

| | | |
|--|---------------------|------------------|
| DATE OF BIRTH: | DRIVER'S LICENSE #: | EXPIRATION DATE: |
| YEAR,MAKE, MODEL OF CAR: | | TAG #: |
| MOVING VIOLATIONS IN PAST 3 YEARS: | | |
| PLEASE EXPLAIN: | | |
| NUMBER OF ACCIDENTS IN THE PAST 3 YEARS: | | |
| PLEASE EXPLAIN: | | |
| INSURANCE COMPANY: | PHONE: | |
| POLICY #: | EXPIRATION DATE: | |

Please turn over to complete.

DRIVER STATEMENT:

- I certify the vehicle is equipped with seat belts for all occupants.
- I certify the vehicle is regularly maintained and kept in good mechanical condition.
- I certify that I have not received a DUI, refusing substance tests, reckless driving, manslaughter, hit and run, eluding a police officer, any felony, drag racing, license suspension of driving while license suspended in the last 36 months.
- I consent to the school district checking my Motor Vehicle Record (MVR) with the Department of Motor Vehicles (DMV).
- I certify that I have a valid Georgia driver's license and there are no restrictions preventing me from transporting students in my vehicle.
- I certify the following minimum vehicle insurance requirements are met:
 - Bodily Injury Liability per person \$100,000
 - Bodily Injury Liability per accident \$300,000
 - Physical Damage Liability \$100,000

I commit to informing the school if there are any driver's license or insurance changes that occur during the school year.

Father: Volunteer/Employee's Signature _____ Date _____

Mother: Volunteer/Employee's Signature _____ Date _____

[Click on the box to submit](#)