



Indiana Conference of Seventh-day Adventists

Volunteer Driver Questionnaire

(Note: In addition to completing this form, all drivers must attach a copy of their proof of insurance, license, and complete the volunteer application.)

Your Name: _____ Are you over 21 years of age? _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Your Address: _____
Street City State Zip

Yes No 1. Do you have a current auto insurance policy? *(Please attach a copy of your proof of insurance.)*

Name of the Insurance Company: _____

Policy Expiration Date: _____

Bodily Injury Coverage Per Person \$ _____
(\$100,000 recommended)

Bodily Injury Cover Per Accident \$ _____
(\$300,000 recommended)

Property Damage Coverage Per Accident \$ _____
(\$50,000 recommended)

Medical Payments Coverage Per Person \$ _____
(\$5,000 recommended)

Yes No 2. Have you been involved in any fault accidents in the last three (3) years?

If "Yes," please explain: _____

Yes No 3. Have you been cited for any moving violations within the last (3) years?

If "Yes," please explain: _____

By my signature below, I give permission for the Indiana Conference Office of Education to check my driving record. I understand that should I be involved in an accident while driving for the school, my insurance provider will be the primary coverage provider. I also agree not to carry more passengers than the official rated load capacity for my vehicle. Whenever the vehicle is moving, I will require all passengers to be secured by their seatbelt and/or booster seat as required by Indiana State Law. I have attached a copy of my license and proof of insurance.

Driver's Signature: _____ Date: _____

School: _____

**Please complete this form and the Volunteer Application Form and return them to the
Indiana Conference Office of Education
PO Box 1950 Carmel, IN 46082-1950
Phone: 317-844-6201 Fax: 317-571-9281**