Insurance Verification Form and Volunteer Transportation Agreement

i, the undersigned, volunteer to drive i	ny personai v	enicie to provid	ie transportation
For: (name of group or persons)			
From: (complete address)			
On: (date) L	eaving at	A	$\mathbf{M}\left(\right)$ $\mathbf{PM}\left(\right)$
To: (place of event)*			
And returning approximately	_	Time:	AM () PM ()
Central California Conference of Seventh- 1. Be 21 years or older. 2. Have NO at fault accidents 3. Have no more than 2 movin and furnish the following information, 1. Copy of Valid Drivers Licen 2. Copy of Insurance ID card of 3. Copy of Insurance Declarate	on their active on their active on some on the for approval passes showing effecti	driving record. their active driv rior to driving or ve dates of insur	ing record. n its behalf. rance coverage
Minimum acceptable limits: Bodily Injury Property Damage OR Combined Single Limit BI/PD Medical Payments Uninsured Motorist	_	per person/ \$30,0 \$5,0 per person/\$60,0	900 per accident \$30,000 \$5,000
Additionally, I agree that: I will be responsible for any comprehensive automobile during the above referenced to requirement that all passengers use the lag transit. If children under the age of eight yethen an approved car seat shall be used. I with the vehicle that might pose a safety present that the statement of the same o	me period. I she belt and shouly ears and/or us am not aware o	nall obey the traf lder harness wh nder 4' 9" tall ar	fic laws, including the ile the vehicle is in being transported,
Before signing, please note that in a insurance provided by the register carried by the Central California C	ed owner of the	e vehicle is prima	ary. Any insurance
I have read the above and I understand an	d agree with th	ne above listed re	equirements.
Signed			Date
Name Printed		Vehic	cle License Plates

^{*}Event must be sponsored by the Central California Conference or an Entity within the CCC umbrella.