

Driver and Attendant Annual Certification

Volunteer Name _____ Date _____

Volunteer Signature _____

I will be serving as a DRIVER ATTENDANT

If you will be serving as a DRIVER, please complete the information below.

Driver's License Number _____ State _____

Effective Date _____ Expiration Date _____

Date of Birth _____

Driver's Auto Insurance Company _____

Policy Number _____ Effective Date _____

NOTE: insurance information is required by CSSH auto insurer only to validate that you are an insurable driver of a motor vehicle.

Volunteer Driver Certification

I, _____, (please print name) attest that I am currently a licensed driver, that my driving privileges are in good standing, and that I will notify CSSH should my license ever be suspended, expire, or be otherwise limited by the issuing state. Further, I agree that I will not operate a CSSH vehicle unless I have a current license in good standing at the time of that service. I will provide CSSH with my current driver's license information annually for each year that I plan to serve as a volunteer in this capacity.

(Signature)

(Date)