

**VOLUNTEER
PERSONAL AUTOMOBILE USE
PERMISSION FORM**

ACTIVITY: _____

NAME _____ BIRTHDATE _____

DRIVERS LICENSE _____ EXPIRATION DATE _____

YEAR & MAKE OF AUTO _____

VEHICLE LICENSE # _____

INSURANCE CARRIER/AGENT _____ PHONE _____

LIABILITY LIMITS* _____ POLICY # _____

EXPIRATION DATE _____

DRIVING RESTRICTIONS _____

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy does not apply to you. The District does not cover nor is it responsible for, comprehensive and collision coverage to your vehicle.

OWNER OF VEHICLE _____ DATE _____

DRIVER SIGNATURE _____ DATE _____

I have read the above and approve the use of this vehicle for the purpose stated.

CAMPUS ADMINISTRATOR _____ DATE _____

BUSINESS OFFICE APPROVAL _____ DATE _____

***CHECK WITH DISTRICT FOR REQUIRED LIMITS OF COVERAGE**