

## Children, Youth and Vulnerable Adult Driver Information Form

**Driver Information:**

Driver Name: \_\_\_\_\_

Alternate Driver Name: \_\_\_\_\_

**Primary Vehicle Information:**

Year, Make and Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ Registration Expires: \_\_\_\_\_

**Secondary Vehicle Information:**

Year, Make and Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ Registration Expires: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that the information provided above is true and correct to the best of my knowledge. I understand that as a driver transporting children, youth or vulnerable adults I must be twenty-one (21) years of age or older, hold a valid driver's license, and have the state minimum required insurance coverage in effect on any vehicle used for transportation in this ministry. I also agree to obey all traffic laws and require all vehicle occupants to use seat belts or state approved child car seats or booster seats as required by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_