

## Driver Annual Certification

I hereby certify that I have received Driver training and am fully aware of and understand all of the controls and features of the vehicle used by CSSH to transport guests, and my role and responsibilities in volunteering for this position.

Volunteer's Name Printed: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver License No. \_\_\_\_\_ State of Issue: \_\_\_\_\_

Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's Auto Insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

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## 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 the 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

Print, fill out and email to David.Cochran6767@gmail.com