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:
Deisen Lieuwe Ne	Charles of Lances
	State of Issue:
Effective date:	Expiration date:
Date of birth:	
Driver's Auto Insurance Company	:
Policy No.	Effective Date:
Note: insurance information is re of a motor vehicle.	equired by CSSH auto insurer only to validate that you are an insurable driver
I,	Volunteer <u>Driver</u> Certification, (please print name) attest that I am currently a licensed
driver, that my driving privileg ever be suspended, expire, or not operate the CSSH vehicle u	ges are in good standing, and that I will notify CSSH should my license be otherwise limited by the issuing state. Further, I agree that I will unless I have a current license in good standing at the time of that ith my current driver's license information annually for each year that

Print, fill out and email to Cara Nothum, Code Blue administrator, codeblue@co2ssh.org.