

**CAROLINA CONFERENCE OFFICE OF EDUCATION  
VOLUNTEER DRIVER QUESTIONNAIRE  
(Complete only if you are willing to drive for field trips or other school events)**

Name \_\_\_\_\_ Are you over 21? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

State in which license is held \_\_\_\_\_

**Do you have a current Auto Insurance Policy?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

Medical/PIP Limit \$ \_\_\_\_\_

**Have you been involved in any *At Fault* accidents within the last three years?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If yes, describe below:

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**Have you been cited for any moving violations within the last three years?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

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I understand that should I be involved in an accident while driving for the school, **my** insurance will be primary.

Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

School: Mills River Seventh-day Adventist School