

# FELIX VENTURES FOUNDATION

DRIVER FORM

updated 7/22

## DRIVER INFORMATION: (please print)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

## MULTIPLE VEHICLE INFORMATION: (please print)

Vehicle License Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Seats: \_\_\_\_\_

Registration Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Vehicle License Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Seats: \_\_\_\_\_

Registration Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Vehicle License Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Seats: \_\_\_\_\_

Registration Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Vehicle License Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Seats: \_\_\_\_\_

Registration Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\*\*\*\*\*Please attach a photocopy of your current Driver's License\*\*\*\*\*

## INSURANCE INFORMATION: (please print)

Insurance Carrier: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Type of Insurance Coverage:

- Liability       Collision       Comprehensive

### Coverage Amounts:

Each Person: \$ \_\_\_\_\_ Each Accident: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_

## **DRIVER INSTRUCTIONS**

When using your vehicle to transport students on trips/events or other school activity trips, please:

1. Be sure that you have registered with the Felix Ventures Foundation and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check your vehicle. Tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. Every person in your car needs to have a working seatbelt.
4. Require each passenger to use an appropriate passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Always drive safely and do not text while driving, limit phone usage and use hand-free devices to take calls while driving.
6. Make sure all ventures are following the code of conduct and your car rules during your supervision. Please inform a FVF staff as soon as possible of any incidents that may occur with ventures or other adults while you are driving.

## **DRIVER STATEMENT**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose a danger while transporting students.

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems.

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_