

HARRISON COUNTY SCHOOLS APPLICATION

VOLUNTEER DRIVER

I. PERSONAL INFORMATION: (Please print)

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

SOCIAL SECURITY NUMBER: _____

WV OPERATOR'S LICENSE # _____ EXPIRATION DATE _____

Have you ever pled guilty to or been convicted of any crime? (other than vehicular moving violations) YES _____ NO _____ If YES explain below:

During the last two years, have you pled guilty to or paid a fine for any vehicular moving violations? YES _____ NO _____ If YES explain below:

II. VEHICLE INFORMATION:

List the make, model and license number of any vehicle(s) you will use to transport students.

MAKE: _____ MODEL: _____ LICENSE #: _____

MAKE: _____ MODEL: _____ LICENSE #: _____

MAKE: _____ MODEL: _____ LICENSE #: _____

III. INSURANCE INFORMATION:

Please attach to this form a copy of your current liability certificate. (School principal will copy your certificate per request)

I ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE.

APPLICANT'S SIGNATURE

SCHOOL

RETURN THIS FORM TO THE SCHOOL PRINCIPAL

Forms must be renewed annually for the current school year.