

# SHEPHERD OF THE HILLS CHURCH

## VOLUNTEER TRANSPORTATION AGREEMENT

**NOTICE** - This Transportation Agreement must be completed by each driver or provider of a motor vehicle used to transport any employee, volunteer, child, student or other person participating in a Church sponsored event or activity. All drivers must be adult (18 years old) licensed drivers.

This verification and agreement must be completed prior to the transport by private vehicle of any child, student, Church employee or volunteer or any other person participating in a Church activity.

I volunteer to drive or provide my personal vehicle for transportation of any of the above-named

persons to and from \_\_\_\_\_ on \_\_\_\_\_  
Destination Date

at \_\_\_\_\_ and returning at approximately \_\_\_\_\_ on \_\_\_\_\_.  
Time Time Date

1. California Drivers License Number: \_\_\_\_\_

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

2. Vehicle: \_\_\_\_\_  
Year Make

3. Vehicle in safe operation condition: \_\_\_\_\_  
Yes No

4. Insurance Policy No. \_\_\_\_\_

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

5. Insurance Agent or Company: \_\_\_\_\_

6. Insurance Policy Limits: \_\_\_\_\_

(This Church requires that minimum limits for volunteer drivers be not less than \$50,000 per person, \$100,000 per accident or \$100,000 combined single limit.)

In accordance with California law, the insurance on a specific vehicle is the primary coverage in the event of an accident.

Shepherd.Forms.Transportation Agreement

Revised 2-2006

The insurance of this Church becomes effective once the policy limits of the specific vehicle are exhausted. Additionally, California law mandates that all parties being transported in a motor vehicle be secured with either a shoulder strap, lap belt or both.

I have read the above statement and fully understand that my personal auto insurance is the primary insurer if an accident should occur during the course of this trip. I represent that the statements and information provided by me herein are true and that the insurance coverage described above is in full force and effect.

\_\_\_\_\_  
Driver/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
City, State, Zip Code

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Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_