

APPENDIX H – VOLUNTEER DRIVER WAIVER

Driver's name (as shown on license): _____

Date of birth: _____ (YOU MUST BE AT LEAST 21 YEARS OF AGE)

Driver's license province and number: _____

Is this a commercial driver's license? Yes No

Which vehicle will you be driving?

Make: _____ Model: _____ Year: _____

License Plate Number: _____

Are you an insured driver on this vehicle? Yes No

Do you have coverage of at least 2 million dollars?

(not mandatory but recommended) Yes No

In the past three years:

1. Have you been at fault for any accidents? Yes No
2. Have you had any moving traffic violations? Yes No
3. Have you had any insurance company cancel or refuse to provide you with auto insurance? Yes No
4. Have you had your driver's license revoked, suspended, or restricted? Yes No
5. Have you had any physical impairments other than corrective glasses? Yes No
6. Have you ever been convicted of "driving while intoxicated" or "driving under the influence"? Yes No

If any question(s) 1–6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation).

I hereby declare that the above is true.

Name

Date

Attach a photocopy of both sides of the driver's license to this document.