Driver’s License Information Update

# **Please print CLEARLY**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_

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

Do you have a **valid** Driver’s License? 🞏 Yes 🞏 No

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date your Driver’s License expires (mm/dd/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

List any restrictions on your Driver’s License (i.e. glasses, occupational, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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It is your responsibility to notify the Volunteer Coordinator, Beth Jasiak, immediately when your driver’s license is restricted, suspended or revoked.

**Auto Insurance**

The City does not provide insurance coverage for a volunteer’s privately owned vehicle. Volunteers who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All volunteers who drive non-City-owned vehiclesfor City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability ‑ $200,000 for bodily injury and property damage

 **OR**

(b) Split limit of liability with limits of; $100,000 each person bodily injury $300,000 each accident bodily injury $50,000 property damage.

Failure by the volunteer to maintain required insurance limits may affect Speed Watch and/or Handicapped Parking Patrol Program volunteer status.

I understand that, should I use a non-City-owned vehicle in the conduct of my volunteer duties, I must have and maintain adequate insurance coverage (as noted above) for that vehicle.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Date