



HARRISON COUNTY SCHOOLS VOLUNTEER DRIVER APPLICATION



Form must be completed each school year.

Name: _____ Date: _____

Address: _____ City/State _____

Home No: _____ Work No: _____ Cell No: _____

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 _____

During the last two year, have you pled guilty to or paid a fine for any vehicular moving violations?

_____ Yes _____ No If yes, explain _____

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 # _____

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

Name of Insurance Company: _____

I attest, under penalty of perjury, that the information I have provided above is true.

Applicant's Signature _____ Date _____

Student's Name: _____ School: _____

REMINDER - If you have students at more than one school, a form must be filled out for each school.

RETURN COMPLETED FORM AND PROOF OF INSURANCE TO SCHOOL

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