



The DREAM Program, Inc.
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DREAM DRIVER LIABILITY FORM:

The DREAM Program provides excess insurance coverage for all volunteers and AmeriCorps members in DREAM. To be able to provide this insurance the following information must be provided to DREAM. We will also need to obtain a copy of your driver's license and proof of insurance for the car that you will operate. Please bring this form and these items with you on your first day of work with DREAM.

Licensure:

Driver's License #: _____ Class of license: _____*

State: _____ Expiration: _____

Have you had any driving convictions (exclude parking tickets, and non moving violations)? _____ If 'yes', please explain: _____

* I understand that if I am driving more than 15 passengers at a time, I need to obtain a special licensure and undergo a drug screening. It is unlikely this will happen at DREAM unless you want to be a Bus Driver!

I promise that I will keep my Driver's License valid for the duration of my membership with DREAM and I will inform the Program Director of any change in status within 3 workdays of the occurrence (includes disclosing moving traffic violations). I

Member signature: _____ Date: _____

Personal Driver's Liability Insurance Coverage Information

Policy #: _____ Expiration Date: _____

Insurer's Name: _____

I agree to keep my personal driving liability insurance coverage current for the duration of my membership with DREAM and I will notify the program immediately of any change in coverage.

Member signature: _____ Date: _____

Current Automobile Inspection and Registration:

My vehicle, (make) _____, (model) _____ has a current valid inspection good until (mm/dd/year) _____ and has a current registration.

I agree to keep the inspection and registration current on this vehicle for the duration of my membership with DREAM and I will notify the program within 3 working days of any change in vehicle registration or inspection status.

Member signature: _____ Date: _____

CERTIFICATION (Your information must be certified with your original signature in ink.)

I certify that all of the statements made in this liability form are true, correct, and complete, to the best of my knowledge, and are made in good faith.

SIGNATURE

DATE