

## Volunteer Truck Driver Information Record

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_

**Drivers Date of Birth** \_\_\_\_\_

**Volunteer's Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

SVdP's insurance provider requests that volunteer drivers provide the above information for the purposes of:

Have appropriate information on drivers of SVdP owned trucks. Information for these drivers is reported to insurance company for BMV checks as required.