

BLOOMSBURY ELEMENTARY SCHOOL
20 Main Street, Bloomsbury, NJ 08804
908-4799-4414 (Fax) 908-479-1631
bburyes.org

Ms. Maria Eppolite
Superintendent

Dr. Jenniffer Marycz
Principal

Mr. Tim Mantz
Business Administrator

VOLUNTEER DRIVER FORM

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Car to be used: Make: _____

Model: _____

Year: _____ Mileage: _____

Registration expiration date: _____

(Volunteer drivers must attach a photo copy of current registration for the above-cited car).

Number of pupils willing to transport: _____

Insurance Policy Number: _____

Name of Carrier: _____

Expiration Date of Policy: _____

(Volunteer drivers must attach a photocopy of providing evidence of insurance in at least the amounts of \$15,000 per individual to a total of \$30,000, plus \$5,000 property damage).

Driver's License Number and Expiration Date: _____

(Volunteers must attach a photocopy of their current NJ State Drivers License).

Expiration Date of Inspection Sticker: _____

I certify that the information provided above is accurate and that my NJ Drivers License and Insurance and Car Inspection Sticker are currently in good standing. This signature also serves as proof that I have been given a cop of BES Policy 8660, *Transportation by Private Vehicle*, have reviewed said policy and I am willing to comply with the rules and regulations set forth in said policy.

Signature

Date

Board of Education Approval:

Signature

Date