
SCHOOL NAME

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Adult Volunteer Driver Authorization Form

School Year

Adult Vehicle Authorization

Driver's Name: _____

Address: _____

Phone: _____

Please check the proper boxes.

Yes	No	
___	___	Holds a valid Florida Drivers License
___	___	Has auto liability insurance in accordance with Florida law.

Florida Statute 324.021 requires PROOF OF FINANCIAL RESPONSIBILITY - That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

- a. In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.
- b. Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or of, two or more persons in any one accident.
- c. In the amount of \$10,000 because of injury to, or destruction of, property of others in any one accident.

I hereby attest the statements made above are true and I volunteer as requested to drive students/staff in my vehicle as my schedule permits.

Signature of Driver

*NOTE: Maximum capacity is one (1) person per seat belt.
No motorcycles/scooters/mopeds/vans permitted as transportation.

FORM # 4325
W18861

10/91

White - School Yellow - Parent Pink - District