

**DRIVER'S LICENSE AND INSURANCE STATEMENT FOR**

**VOLUNTEERS DRIVING AHTN OR PERSONAL VEHICLES FOR AHTN MISSIONS**

I, \_\_\_\_\_, an AHTN volunteer, grant AHTN permission to procure a driving record check from Penn DOT.

I understand that if I use my personal automobile as part of my volunteer services (not including travel to and from those services), it is recommended that I keep in effect personal automobile liability insurance equal to or greater than \$100K/\$300K.

I acknowledge that any moving violation or traffic citation I receive while driving either my personal automobile or an AHTN vehicle during my volunteer service is solely my responsibility. I also understand that if my driving privileges are suspended or revoked I will notify AHTN immediately.

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Maximum Liability: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Car Ins. Exp. Date \_\_\_\_\_

**Please attach to this document a copy of your driver's license and your insurance card as proof of automobile insurance.**

Print Name: \_\_\_\_\_  
AHTN Volunteer AHTN Coordinator

Signature: \_\_\_\_\_  
AHTN Volunteer AHTN Coordinator

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*If we have not processed your drivers license check through PennDOT, you will be contacted by a member of the AHTN staff to obtain additional confidential information necessary to complete the drivers license check.*



**FOR OFFICE USE ONLY**

\_\_\_\_ Driver's License and Insurance Statement signed

\_\_\_\_ Copy of Driver's License and Insurance Card

\_\_\_\_ Insured/Approved Driver in Volunteer Hub