

FOODSHARE

Driving History Release for Volunteer Drivers

All volunteers are advised that if, in the course of driving, you do damage to your own vehicle, the property of others, or injury to another individual, Foodshare maintains no insurance which would cover you for such damage. Therefore, you acknowledge that for your own protection, you should maintain your own automobile liability and physical damage insurance.

Volunteer drivers must show the responsible staff member (partner program coordinator) a copy of their valid, current driver's license and proof of current automobile insurance to Foodshare **annually**. Volunteer drivers must fill out and sign Foodshare's Driving History Release **annually**, and agree to immediately notify Foodshare (partner program coordinator) of any changes to insurance coverage or driving record.

Statement of Driving Record:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1) Do you have a valid driver's license? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2) Do you have any restrictions on your driver's license? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Have you been convicted of any moving violations during the past seven years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4) Have you been involved in any motor vehicle accidents while driving during the past seven years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Has your driver's license ever been suspended or revoked in any state? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*If the answer to questions 2-5 are 'yes,' please explain, including details, on the reverse

I certify that all answers given in the record are valid and complete. I understand that false, misleading or omitted information shall be grounds for removal of my driving authorization and could result in termination of my service to the organization.

I understand that any driving placement, may, among other things, be contingent upon the results of my driving record. By signature of this release, I also agree to release Foodshare from any responsibility or liability as respects operation of my vehicle on this assignment.

Signature of Volunteer

Date

Printed Name

If you answered "yes" to questions 2-5 in the section titled "Statement of Driving Record" from page #1, please explain, including details, below:

Partner Program Coordinator validated proof of a current valid driver's license? YES NO

Expiration Date_____

Partner Program Coordinator validated proof of current automobile insurance? YES NO

Expiration Date_____

Coordinator must sign on line below indicating that he/she saw both the license and proof of insurance.

Confirmed by: _____ Date: _____