

Beachside Montessori Village

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 appropriate boxes.

- | Yes   | No    |  |
|-------|-------|--|
| _____ | _____ | Holds a valid Florida Driver's 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:

- In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.
- 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.
- 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.