



"Creating a caring community for older adults in need."

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DRIVER INFORMATION

It is policy that anyone using a vehicle while performing volunteer services have the following information on file:

DRIVER'S LICENSE # AND STATE _____

DATE OF EXPIRATION _____

AUTOMOBILE INSURANCE CARRIER _____

DATE OF EXPIRATION OF COVERAGE _____

Please note:

Unless we hear from you that you have changed insurance carriers and/or that your driver's license is invalid, we will assume that you continue to be licensed and insured.

Signature _____ Date _____