



SCC Volunteer Driver Form

Please submit this form to info@summitcommunity.ca

Driver's Full Name (as shown on license) _____

Date of Birth
(mm/dd/yyyy) _____

Driver's License
Number _____

Vehicle Make
& Model _____

Vehicle's Year _____

License Plate
Number _____

Are you an insured driver on this vehicle?

- Yes
- No
- Other: _____

Do you have liability coverage of at least 2 million dollars?

- Yes
- No
- Other: _____

In the past three (3) years...

If you checked "YES" for any of the following fields, please contact info@summitcommunity.ca

Have you ever been at fault for any accident?

- Yes
- No

Have you had any moving traffic violations (tickets)?

- Yes
- No

Have you ever been convicted of "driving while intoxicated" or "driving under the influence"?

- Yes
- No

Have you had any physical impairments other than corrective glasses?

- Yes
- No

Have you had your driver's license revoked, suspended, or restricted?

- Yes
- No

Have you had any insurance company cancel or refuse to provide you with auto insurance?

- Yes
- No

By checking this box, you are declaring that the above information that you have provided on this form is accurate and true.