

**CHRISTIAN FAMILY CARE
VOLUNTEER
VEHICLE USE FORM**

Please indicate the year, make, model, and license plate number of any personal vehicle(s) you plan to use for CFC business:

Vehicle # 1:

Year _____ Make _____ Model _____ Lic. Plate # _____

Vehicle # 2:

Year _____ Make _____ Model _____ Lic. Plate # _____

Please indicate your automobile insurance company and your insurance agent's name:

Please note the liability limits on your vehicle(s): _____

PLEASE ATTACH VERIFICATION OF CURRENT AUTO LIABILITY INSURANCE COVERAGE AND LIMITS FROM YOUR INSURER.

Please list all accidents or moving violations you have had within the last five years:

As a CFC employee/volunteer driving your personal vehicle on behalf of CFC, your insurance is primary. By signing below, you are affirming that you will carry the state required minimum liability coverage (or coverage which exceeds the state minimum).

Thank you for helping us with our transportation needs.

Employee/Volunteer Driver Date

CFC Representative Date