

**ADULT VEHICLE AUTHORIZATION**

School Name: WEST BROWARD HIGH SCHOOL

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Adult Volunteer Driver Authorization Form

2023-2024 School Year

Driver's Name:

Address/City/Zip:

Cell Phone:

Please check the proper boxes:

Yes	No
_____	_____
_____	_____
_____	_____
_____	_____

Holds a valid Florida Driver's License.  
\* (Email a copy of current license.)

Has auto liability insurance in accordance with Florida law.  
\*(Email a copy of current insurance card.)

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:

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

NOTE: Maximum capacity is one (1) person per seat belt. No motorcycles, scooters, mopeds, or 10 passenger vans permitted as transportation.

Signature of Driver: \_\_\_\_\_