Georgia Department of Human Resources
VOLUNTEER REGISTRATION AND LIABILITY INSURANCE COVERAGE APPLICATION

TO BE COMPLETED BY LOCAL AGENCY ◆ INCOMPLETE APPLICATIONS WILL BE RETURNED

PLEASE PRINT:

NAME: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____

MAILING ADDRESS: _____
(City) (State) (Zip)

STATE AGENCY NAME: COMMUNITY SERVICE BOARD OF MIDDLE GEORGIA

MAILING ADDRESS: 2121 BELLEVUE ROAD DUBLIN, GEORGIA 31021

CONTACT PERSON: _____
(Name) (Title)

TELEPHONE #: _____

This application for "**LIABILITY INSURANCE COVERAGE ONLY**" is effective immediately and the policy coverage year is July 1st to June 30th.

By my signature below, I acknowledge and understand that this Liability Insurance Coverage is only in effect when I am requested by the above named state agency to perform the specific volunteer duties as outlined below. I further acknowledge that my driver's license is current and that my driving record does not contain any serious moving traffic violations for the past three years. Serious traffic violations include, but are not limited to some of the following: speeding, driving under the influence, reckless driving and vehicular homicide. If I receive one of the above driving violations, I will notify the state agency for which I provide volunteer transportation and I will immediately stop providing this volunteer transportation.

Specific Duties to be performed:

_____

_____

_____

SUBMIT APPLICATION TO:

DHR Fleet and Risk Management
Office of Facilities & Support Services
2 Peachtree Street, N.W., Room 29.494
Atlanta, Georgia 30303-3142
(404) 651-8089

Volunteer Signature: _____ Date: _____

Agency Representative: _____ Date: _____

ALL ACCIDENTS MUST BE REPORTED IMMEDIATELY BY THE VOLUNTEER TO THE UTILIZING STATE AGENCY WHO WILL NOTIFY THE DHR-RISK MANAGEMENT OFFICE.

Form 5298 (rev.8-04) Form to be reproduced locally as needed.

CMHC FORM # 667 OAP 170-1