

## **PLEASE PRINT**

This will be kept confidential and will be used only to verify your insurance coverage.

Vehicle License Plate # \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of insurance company (not agent): \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

I am volunteering to deliver Holiday food boxes for the Portland Police Bureau Sunshine Division. In the event of accident or injury agree that the City of Portland, the Portland Police Bureau, the Sunshine Division, its Board of Directors, or staff will not be held responsible.

**Driver's Signature:** \_\_\_\_\_

\*\*\*\*\*

Card Numbers Taken \_\_\_\_\_

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