



Big Brothers Big Sisters
Southeastern Pennsylvania

123 S. Broad St Suite 2180
Philadelphia, PA 19109
T 215 790-9200
F 215 790-1465
www.bbbssepa.org

Volunteer Personal Auto Insurance Verification

ALL VOLUNTEERS MUST CARRY AUTO INSURANCE IN THE AMOUNT
REQUIRED BY THE STATE.

Name of Volunteer _____

*By signing below, I am stating that **I will not be transporting any child in the BBBS SEPA program in a private motor vehicle at any time. I agree to inform BBBS SEPA if my driving status changes.***

Volunteer Signature

Date

OR

Driver's License Number _____

Insurance Agency _____

Agent _____ **Phone #** _____

Insurance Company _____ **Policy #** _____

Copy of Drivers License

AND

Copy of Declaration Page

OR

Copy of Insurance Card

*By signing below, I agree that the above information is correct and I also acknowledge that I will continuously maintain automobile insurance coverage at all times while a volunteer. I further agree to notify **Big Brothers Big Sisters SEPA** of any changes in my automobile insurance coverage or status of change of address.*

Volunteer Signature

Date