



AUTHORIZED DRIVER FORM PROGRAM YEAR 2026-2027

Vehicle Information	Vehicle 1	Vehicle 2
Make		
Model		
Year		
License Plate #		
Number of Seat Belts		

Insurance Information	Amount
Each Person (Minimum \$30k)	
Each accident (Minimum \$60k)	
Property Damage (Minimum \$15k)	

Driver Information	Driver 1	Driver 2
Name		
Driver's License#		

Signature _____ **Date** _____

Address _____

City/ZIP _____

Phone (Home) _____ **Phone (Cell)** _____

Parental Consent for Teen Drivers

I/we, _____ give permission for my/our child,
 _____ to drive him/herself during Hands4Hope - Youth Making A Difference
 business. I/we verify that my child has a valid California driver's license and insurance coverage as
 listed above. I understand Hands4Hope is not responsible for any accidents or injuries that may occur
 while driving. I **do/do not** give consent for another member to ride in the vehicle my child is driving.

_____ Date _____
 Parent/Guardian Signature