JFS/MW

Jewish Family Service of Metrowest

475 Franklin Street Suite 101
Framingham, MA 01702
508-875-3100

JFS DRIVER PROGRAM ACKNOWLEDGEMENT SHEET

Jewish Family Service of Metrowest carries liability insurance that supplements your own automobile insurance coverage during times when you are working and/or volunteering for the agency. This includes times when you traveling to and from agency work and/or volunteer responsibilities as well as when you are transporting an agency client. In the case of an accident, your personal insurance would serve as primary insurance and the agency's Commercial Auto Insurance would serve as secondary coverage.

In order to meet these liability insurance standards, all Staff/Volunteers must submit their driving record to review via JFS' Motor Vehicle Records (MVR) check, maintain an active state inspection sticker, and maintain proper state minimum insurance coverage. If an individual will be driving on behalf of the agency, they must submit proof of vehicle insurance coverage and car registration. If you may be using more than one automobile to transport clients, JFS needs copies of insurance and registration for both vehicles.

Section I: Driving/Vehicle History

☐ I have read the JFS Motor Vehicle Driving Policy and understand I must submit my driving record to review via JFS' Motor Vehicle Records (MVR) check.

Have you been involved in a motor vehicle accident in the past year?

☐ Yes ☐ No

If yes, please explain:

Does your vehicle have age-appropriate passenger restraints for all passengers and do you agree to provide adequate passenger supervision?

☐ Yes ☐ No

Does your vehicle have a current inspection sticker?

☐ Yes ☐ No

Section II: If you are NOT driving on behalf of the agency, please complete this section.

I have insurance coverage for _____ and _____.
(vehicle make and model) (additional vehicle make and model if applicable)

The vehicle(s) stated above is insured by _____.
(insurance company)

If known, the policy number is _____. The insurance policy is effective from _____ to _____.
(start date) (end date)

Section III: Acknowledgement

I swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief. I further agree to update this information annually or more frequently if warranted for as long as I am associated with JFSMW.

Signature _____ ***Date***_____

Print Name _____