



Release of Driving Record

Please read the following text and sign below where indicated if you are in agreement with the following paragraph:

I understand that **First Step** may obtain a copy of my driving record for volunteer purposes. I agree to allow **First Step**, its insurance agent, and its insurance company to obtain and review my driving record. This information will be used for determining eligibility and suitability for volunteering with **First Step**. I further understand my volunteer placement will be contingent on the results of the driving record, but that regardless of the results of my driving record, I am not assured a volunteer placement with **First Step**. I understand that I have the right to obtain a copy of the record if I am denied, and I have the right to dispute the Secretary of State regarding the accuracy or completeness of the record. I understand the Secretary of State does not make any decisions regarding my volunteering with **First Step**, and cannot provide me with the reasoning for the adverse volunteer placement action, should such an event happen. I understand that my driving record will be checked periodically.

Full Name: _____

Signature: _____ Date: _____

Driver's License Number: _____

State Where Licensed: _____ Date of Birth: ____/____/____

(Office Use Only)

From: _____ Date: _____

Kathleen Howard — Community Services Program Coordinator,
First Step

Email: khoward@firststep.mi.org

Fax: 734-656-0731

To: Lynne Bouwkamp — Lighthouse Insurance Group

Email: lbouwkamp@ihig.net

Phone 800-344-3531 ext 7536

Fax: 616-355-0067

Response From Lighthouse Insurance Group:

The volunteer is insurable per insurance company guidelines: Yes No

Comments: _____

See following MVR