



Building Bridges Mentoring Program Washington County Youth Bureau

County Municipal Center
383 Broadway
Fort Edward, New York 12828

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Director

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Susan Mowrey
Assistant Director

MENTOR DRIVER AGREEMENT

I, _____, agree to transport, supervise and accept responsibility for the youth matched with me by the Washington County Mentoring Program.

I certify the following:

- 1) I have a valid driver's license.
- 2) I have liability coverage as required by New York State.
- 3) The vehicle I will be driving is in good operating condition.
- 4) The vehicle I will be driving is equipped with seat belts for each passenger.
- 5) All seat belts will be secured when transporting the youth.
- 6) I will NOT exceed either the vehicle's maximum seating capacity or the legal speed limits.

Attached is a copy of my current driver's license and vehicle insurance card.

Signature

Date

Print Name

License Number: _____

Expiration Date: _____

Automobile Description:

Make: _____

Model: _____

Year: _____

Color: _____