



## Motor Vehicle Accident Liability Insurance Coverage Form

Park Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ohio Driver's License Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_ to \_\_\_\_\_

Position (circle one):    Campground Host        Individual Volunteer        Group Volunteer

Send original to Statewide Volunteer Coordinator



**Ohio Department of Natural Resources**  
**Division of Parks and Recreation**  
Volunteers-In-Parks is an Equal Opportunity Program – M/F/H