

Field Trip Driver Information Sheet

Driver

Name: _____ Date of birth: _____

Home address: _____ City: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Driver's License Number: _____ Date of Expiration: _____

Vehicle That Will Be Used

Name of Owner: _____ Model of Vehicle: _____

Address of Owner: _____ Make of Vehicle: _____

City: _____ State: ____ Zip Code: _____ Year of Vehicle: _____

License Plate #: _____ Date of Expiration: _____

Registration Expiration Date: _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____ Policy #: _____

Date of Policy Expiration: _____ Liability Limits of Policy*: _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

In order to provide for the safety of our students or other members of the parish/school and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature: _____ Date: _____