

FIELD TRIP

DRIVER INFORMATION SHEET

Driver

Name _____

Address _____

Driver's License # _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____

Address of Owner _____

License Plate # _____

Registration Expiration Date _____

Model of Vehicle _____

Make of Vehicle _____

Year of Vehicle _____

Date of Expiration _____

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