

Field Trip Driver Information Form

Name _____ Date of Birth _____
 Address _____
 _____ Phone # _____
 Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
 Address of Owner _____ Make of Vehicle _____
 _____ 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 and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past three (3) years:

Please be aware that as a volunteer driver, your insurance is primary.

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 25 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.

Signature

Date