

FIELD TRIP DRIVER INFORMATION SHEET

With this completed form, please include a copy of your driver's license, and a copy of your current declaration of insurance coverage. This information will be kept on file in the school office.

DRIVERS

Driver Name _____ Birthdates _____
Address _____ Zip _____ Phone _____
Social Security No. _____
Driver's License No. _____

Driver Name _____ Birthdates _____
Address _____ Zip _____ Phone _____
Social Security No. _____
Driver's License No. _____

VEHICLES THAT WILL BE USED

Make of Vehicle _____ Model of Vehicle _____
Year of Vehicle _____
License Plate _____ Expiration Expires _____

Make of Vehicle _____ Model of Vehicle _____
Year of Vehicle _____
License Plate _____ Expiration Expires _____

INSURANCE INFORMATION

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

INSURANCE COMPANY: _____

Liability limits of policy _____ Expiration Date _____

*Please note: The minimal recommended liability limit for privately owned vehicles is 100,000/300,000. You are responsible for advising the office of any lapse or change of your driver's license or insurance.

CERTIFICATION:

I certify that the information given on 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 correct license and vehicle registration, and have the required coverage in any vehicle used to transport students.

Driver's Signature

Date