
VOLUNTEER DRIVER INFORMATION FORM

I. DRIVER

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

II. VEHICLE THAT WILL BE USED

Name of Owner _____ Year and Make _____
Address of Owner _____ Model _____
_____ License Plate _____
Registration Expires _____ Inspection Expires _____
Number of seat belts that operate _____

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

III. INSURANCE INFORMATION: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company _____
Policy Number _____ Expiration Date _____
Liability Limits of Policy* _____

*PLEASE NOTE: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

IV. 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, hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students.

Signature Date

THE DRIVER WILL COMPLY WITH ALL PARISH FIELD TRIP DIRECTIVES INCLUDING THE USE OF SEAT BELTS FOR ALL PASSENGERS