

VOLUNTEER DRIVER INFORMATION FORM

I. DRIVER

Name _____ Date of Birth _____
 Address _____ Social Security # _____
 _____ 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