



*st. Joseph/Marquette*  
*Catholic School*

Student Name: \_\_\_\_\_

**Volunteer Driver Information Sheet**

If you wish to be a driver for a field trip or an athletic event, this form must be completed and returned to the school.

**Driver**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**Vehicle #1**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

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

**Vehicle #2**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

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

**Insurance Information**

Please be aware that as a volunteer driver, your insurance is primary. When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company's Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

**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.

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date