



st. Joseph/Marquette
Catholic School

Student Name: _____

Field Trip & Athletics
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 That Will Be Used

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