



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 Name: _____

Date

By entering your name you certify the above information is true and correct to the best of your knowledge.