

FIELD TRIP DRIVER INFORMATION SHEET

I. DRIVER

NAME: _____ DATE OF BIRTH: _____

ADDRESS _____ SOCIAL SECURITY # _____

_____ PHONE # _____

DRIVER'S LICENSE # _____ EXPIRATION DATE: _____

II. VEHICLE THAT WILL BE USED

NAME OF OWNER _____ MODEL OF VEHICLE: _____

ADDRESS OF OWNER _____ MAKE OF VEHICLE: _____

_____ YEAR OF VEHICLE: _____

LICENSE PLATE # _____ EXPIRATION DATE: _____

REGISTRATION EXPIRATION DATE: _____

III. INSURANCE INFORMATION:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

INSURANCE COMPANY _____ POLICY # _____

DATE OF POLICY EXPIRATION: _____ LIABILITY LIMITS _____

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, 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.

Signature

Date