

## VOLUNTEER DRIVE INFORMATION FORM

### I. DRIVER

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

### 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 vehicles used to transport students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THE DRIVER WILL COMPLY WITH ALL SCHOOL FIELD TRIP DIRECTIVES INCLUDING THE USE OF SEAT BELTS FOR ALL PASSENGERS.