



FIELD TRIP DRIVER INFORMATION SHEET

Parish _____ School _____

1. Driver:	
Name _____	Date of Birth _____
Address _____	Soc. Sec. No. _____
_____	Telephone _____

2. Vehicle that will be used:

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate No. _____ Date of Expiration _____

Registration Expiration Date _____

3. Insurance Information:

Insurance Company _____

Policy No. _____

Date of Policy Expiration _____

Liability Limits of Policy** _____

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

4. 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 coverage in effect on any vehicle used to transport the children.

Signature

Date