

Parish

FORM E – FIELD TRIP DRIVER INFORMATION FORM (Driver: Owner of Vehicle)

Official legal form for the Diocese of Salina

Thank you for your interest in transporting students on a school/parish/youth ministry sponsored trip. We must ensure that personal liability coverage and the safety of children is in place before approval is granted. This statement is required when a person drives a vehicle carrying students on a school/parish/youth ministry sponsored trip.

School

Driver	
Name	Date of Birth
Address	Cell Number
Driver's License Number	Date of Expiration
Vehicle That Will Be Used	
Owner of Vehicle	
Address	
Vehicle Make/Model/Year	
License Plate Number	Expiration
Registration Expiration Date	
Insurance Information	
Insurance Company:	
Policy Number:	Policy Expiration Date
Liability Limits of Policy*	
*Please note: The minimal acceptable liability li	mit for privately-owned vehicles is \$100,000/\$300,000/\$50,000.
Under the Influence pending. I have not had more the more than one (1) DMV point charged against my dr I understand that my own automobile liability cominimum limits will be in effect pursuant to section	or felony Driving Under the Influence charge. I do not have a Driving than one moving violation within the past two (2) years. I do not have riving record. overage is the prime coverage in case of an accident. Coverage and 2 of the Salina Catholic Diocese Use of Private Cars for Transporting /parish immediately of any material change in the above information.
Certification	
volunteer driver, I must be 21 years of age or older, p	rue and correct to the best of my knowledge. I understand that as a possess a valid driver's license, have the proper and current license erage in effect on any vehicle used to transport the children.
Driver Signature	Date
School/Parish Administrator Signature	 Date