

**FIELD TRIP
DRIVER INFORMATION SHEET**
(This form will be on file in the DCE at the CHURCH)

DRIVER:

NAME _____ DATE OF BIRTH _____

ADDRESS _____ SOC SEC # _____

_____ PHONE _____

DRIVER'S LICENSE # _____ EXP DATE _____

VEHICLE(S) THAT WILL BE USED: *(If more than one vehicle is used, information must be provided on each vehicle)*

1. NAME OF OWNER _____ MODEL OF VEHICLE _____

ADDRESS OF OWNER _____ MAKE OF VEHICLE _____

_____ YEAR OF VEHICLE _____

LICENSE PLATE # _____ EXP DATE _____

2. NAME OF OWNER _____ MODEL OF VEHICLE _____

ADDRESS OF OWNER _____ MAKE OF VEHICLE _____

_____ YEAR OF VEHICLE _____

LICENSE PLATE # _____ EXP DATE _____

INSURANCE

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

INSURANCE COMPANY _____

POLICY # _____ EXP DATE _____

LIABILITY LIMITS OF POLICY _____

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 drivers 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 _____