

VOLUNTEER DRIVER INFORMATION

Please sign and return to the school by _____ (Date)

Thank you for volunteering as a driver for a school sponsored field trip, scheduled as follows:

Place _____

Date _____ From _____ To _____
(Time) (Time)

/s/ _____
(Teacher in Charge)

Name of volunteer driver _____

Address _____ Telephone _____

I acknowledge that:

I have a valid driver's license, Number _____

Expiration Date _____ I am over 21 _____

My vehicle is covered by liability insurance (including coverage of passengers).

Company _____

Policy No. _____ Expiration Date _____

My vehicle is in safe operating condition.

My car is equipped with seat belts and I will require all occupants to use them.

I have _____ seat belts.

I acknowledge that the number of passengers carried in my vehicle will not exceed the number of usable seat belts.

Make _____ Model _____ Year _____

I understand that smoking is prohibited on student field trips.

(Signature, Volunteer Driver)

PRINCIPAL'S RECORD

OR OFFICE USE ONLY:

Filed in school office: _____

/s/ _____
(Principal)

Note: This form must be filed in the principal's office at least 48 hours before the scheduled trip.
No Smoking while transporting passengers, please.