

FIELD-TRIP VOLUNTEER DRIVER REGISTRATION FORM

DRIVER INFORMATION

Driver (circle one): Employee Parent / Guardian

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____ Telephone: Home _____

_____ Cell _____

Driver's License No.: _____ Expiration Date: _____

VEHICLE INFORMATION

Name of Owner: _____

Address: _____

Make: _____ Model: _____

Year: _____ License Plate No.: _____

Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____

Telephone No.: _____ Policy No.: _____

Expiration Date: _____

Liability Limits of Policy: _____

DRIVER STATEMENT: I CERTIFY THAT I HAVE NOT BEEN CONVICTED OF RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL WITHIN THE PAST FIVE YEARS AND THAT THE INFOAMTION GIVEN ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT IFF AN ACCIDENT OCCURS, MY INSURANCE COVERAGE SHALL BEAR PRIMARY RESPONSIBILITY FOR ANY LOSSES OR CLAIMS FOR DAMAGES.

I certify that I have received and will abide by the driver instructions provided by the District.

Name: _____ Date: _____