

Saint Vincent Ferrer School
VOLUNTEER DRIVER INFORMATION SHEET

I. Driver: Name-----**Date of Birth**-----
Address-----**Social Security #**-----
-----**Phone #**-----

Driver's License #-----

II. Vehicle that will be used:

Name of Owner-----**Year & Make**-----
Address of Owner-----**Model**-----
-----**License Plate #**-----
Registration Expires-----

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company-----
Policy #-----
Expiration Date-----
Liability Limits of Policy*-----

***Please note: The minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.00**

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge, and that I have never been convicted of a DUI. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage I effect on any vehicle used to transport students.

Signature

Date

Guidelines for Field Trip Chaperones

I-----volunteer to chaperone for a field trip for my son/daughter. I agree to the below listed guidelines.

- 1. I will not bring a younger sibling along on the field trip with me.**
- 2. I will not take a child in my car unless I have seat belt for each child I carry in the car.**
- 3. I will carry only those children who are assigned to my car.**
- 4. I will stay with my assigned group of children for the entire field trip.**
- 5. I will not allow any TV's or /tapes to be viewed during transport.**
- 6. I will not furnish food, beverage or medication to any child other than my own child.**
- 7. I will not make unscheduled stop in the way to our field trip or during the return trip to school.**
- 8. I will not use a mobile telephone while driving, unless there is an emergency.**

Our children are our most precious asset. We, together, will continue to watch over them and allow them to grow as individuals.

Thank You,

**Mrs. Vikki Delgado
Principal**

Volunteer Signature-----Date-----