

# *Catholic Mutual ... "CARES"*

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## FIELD TRIP

### (DRIVER INFORMATION SHEET)

#### Driver

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#### Vehicle That Will be Used

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_

Model of Vehicle \_\_\_\_\_ Make of Vehicle \_\_\_\_\_

Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_ Registration Expires \_\_\_\_\_

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

#### Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

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

#### 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 25 years of age or older, possess a valid driver's license, have the proper and correct license and vehicle registration, and have the required insurance coverage in effect on my vehicle used to transport students.

Signature \_\_\_\_\_ Date \_\_\_\_\_