

Volunteer Field Trip Driver Form

If you plan on volunteering to drive for any field trips this upcoming school year, please fill out the form below. It will be kept on file in our office for the rest of this school year. If you have previously filled out this form, please initial and date below after making any needed corrections.

DRIVER'S NAME _____ DATE OF BIRTH: _____

CELL PHONE (_____) _____

DRIVER'S ADDRESS _____
_____ Street, City, State, Zip

DRIVER'S LICENSE NUMBER _____ EXP. DATE ____/____/____

TYPE OF VEHICLE _____

LICENSE NO. _____

OWNER OF VEHICLE _____

(Name)

(City and State)

VEHICLE INSURED BY _____

(Name of Company)

(City and State)

- I have a valid and unrestricted driver's license.
- I am presently covered by a no-fault car insurance policy as required by Michigan law. I understand that in the event of an accident, my insurance will be primarily liable.
- A legal seat belt restraining device will be available in my vehicle for each passenger. All passengers will have their seat belts fastened while the vehicle is in motion.
- The vehicle I will be driving is in good working condition.
- I authorize Crown of Life Lutheran School and its representatives to perform a routine background check to verify the information I have provided on this form.

I HAVE READ AND WILL COMPLY WITH EACH OF THE ABOVE CONDITIONS.

(Driver's Name)

(Date)