



VOLUNTEER DRIVER INFORMATION SHEET

Sometimes there are field trip opportunities which our students cannot take advantage of because the cost of bus transportation is limiting. We would like to have a pool of drivers who are able to transport students when necessary. If you would like to be a "Designated Driver" for St. Benedict Catholic School, please complete this form **and supply a copy of your auto insurance policy** for our files. We would like to have drivers from every homeroom if possible so that each class could be served by its own families. Thank you for all you do for our students!

I.	Driver Name _____ Address: _____ _____	Date of Birth: _____ Phone: _____ Driver License # _____
II.	Vehicles that will be used: Name of Owner: _____ Year and Make: _____ _____	Address of Owner: _____ _____ Model: _____ License Plate: _____ Registration Expires: _____ Number of Operational Seat Belts: _____
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 Number: _____ Expiration Date: _____
IV.	Liability Limits of Policy ***	*** PLEASE NOTE: THE MINIMAL, ACCEPTABLE 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 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. If any of the above information changes during the school year, I will notify the school office.

Signature of Driver

Signature of Insured Registered Owner

Date