



Diocese of San Bernardino

Office of Catholic Schools

Student Activity/Field Trip Driver Information Sheet

Name _____ Date of Birth _____

Address _____ Soc. Security # _____

CA. Driver's Lic. # _____ Telephone # _____

Expiration Date _____
Vehicle that will be used*:

Owners Name _____ Vehicle Model _____

Address _____ Vehicle Make _____

Vehicle Year _____

License Plate # _____ Date of Expiration _____

Registration Expiration Date _____

*If more than one vehicle is 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 # _____ Expiration Date _____

Liability Limits of Policy _____

(Note: The minimal, acceptance 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 21 years of age or older, possess a valid California driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. (Copies of drivers license, vehicle registration, and insurance card must be on file in school office before a person can drive for any school function.)

Signature

Date

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