



Field Trip Driver Information Sheet

Diocese of Wheeling-Charleston and
St. Joseph Central Catholic High School

Driver

Name: _____

Date of Birth: _____

Address: _____

SS#: _____

City/State/Zip: _____

Phone #: _____

Driver's License #: _____

Date of Expiration: _____

Vehicle That Will Be Used

Name of Owner: _____

Make of Vehicle: _____

Address of Owner: _____

Model of Vehicle: _____

City/State/Zip: _____

Year of Vehicle: _____

License Plate: _____

Date of Expiration: _____

Registration Expiration: _____

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: _____

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

My policy liability limits meet the minimum requirements. _____ YES _____ NO

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 driver's license, have the proper and current license and vehicle registration, have the required insurance coverage in effect on my vehicle used to transport students, have completed a background check and be compliant with all guidelines and requirements outlined by the Office of Safe Environment.

Signature

Date