

WOODINVILLE COUNTRY DAY SCHOOL
18670 NE Woodinville-Duvall Road
Woodinville, WA 98077
(425)881-8899

FIELD TRIP DRIVER INFORMATION SHEET

Driver:

Name: _____ Date of Birth: _____
Address: _____
Phone #: _____ Email: _____
Driver's License #: _____ Expiration Date: _____

Vehicle That Will Be Used:

Name of Owner: _____
Address of Owner: _____
Make of Vehicle: _____ Model of Vehicle: _____
Year of Vehicle: _____ License Plate #: _____
Expiration of Registration: _____

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 liability limit for privately-owned vehicles is \$100,000/300,000.

Certification:

I verify that the information given on this form is true and correct. I understand that as a volunteer driver I must be 21 years of age or older. I must also possess a valid driver's license, have the proper and current vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature Date