

DIOCESE OF YAKIMA

VOLUNTEER DRIVER INFORMATION FORM

Name of Driver _____ Date of Birth _____

Address _____ Phone # _____

Driver's License # _____

Date of Expiration _____ State Issued _____

Vehicle that will be used: If more than one vehicle is used, the aforementioned information must be provided for each vehicle.

Name of Owner _____

Address _____ Phone # _____

Year, Make & Model of Vehicle _____

License Plate Number of Vehicle Used _____ Date of Expiration _____

Insurance Information: When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company's Name _____ Policy # _____

Liability Limits of Policy* _____ Date of Policy Expiration _____

Agent's Name _____ Agent's Phone # _____

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

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

Please be aware that as a volunteer driver, your insurance is primary.

Thank you for helping us with our transportation needs.

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, and have the required insurance coverage in effect on any vehicle used to transport students/participants of the event.

Volunteer Driver signature

Church/School/Institute Representative signature

Date

DIOCESE OF YAKIMA
FIELD TRIP
LIABILITY WAIVER (ADULT)

In addition to the Field Trip Health Information/Release form, each participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors,
Full Name

and personal representatives, to hold harmless and defend **St. Joseph's Parish School**,
Parish/School/Youth Group

Diocese of Yakima its officers, directors, agents, employees, or representatives associated
(Arch) Diocese

with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature

Date

Print Name