DIVINE GRACE
LUTHERAN CHURCH and SCHOOL

VOLUNTEER FIELD TRIP DRIVER FORM

If you are planning on volunteering to drive for any field trips this upcoming school year, please fill out the form below. It will be kept on file in our office for the rest of this school year. If you have previously filled out this form, please initial and date below after making any needed corrections.

DRIVER'S NAME _____ **DATE OF BIRTH:** _____
(PLEASE PRINT)

CELL PHONE (_____) _____

DRIVER'S ADDRESS _____
Street

_____ _____ _____
City **State** **Zip**

DRIVER'S LICENSE NUMBER _____ **EXP. DATE** _____/_____/_____

TYPE OF VEHICLE _____ **LICENSE NO.** _____

OWNER OF VEHICLE _____ _____
Name **City/State**

VEHICLE INSURED BY _____ _____
Name of Company **City/State**

- **I have a valid and unrestricted driver's license.**
- **I am presently covered by a no-fault car insurance policy as required by Michigan law. I understand that in the event of an accident, my insurance will be primarily liable.**
- **A legal seat belt restraining device will be available in my vehicle for each passenger. All passengers will have their seat belts fastened while the vehicle is in motion.**
- **The vehicle I will be driving is in good working condition.**
- **I authorize Divine Grace Lutheran School and its representatives to perform a routine background check to verify the information I have provided on this form.**

I HAVE READ AND WILL COMPLY WITH EACH OF THE ABOVE CONDITIONS.

_____ _____
Driver Signature **Date**

Date Form Reviewed	Initials	Date Form Reviewed	Initials	Date Form Reviewed	Initials	Date Form Reviewed	Initials