

**FIELD TRIP
VOLUNTEER DRIVER INFORMATION FORM**

Driver's Name _____

School Year _____

Driver's Address _____

Driver's Phone _____

Driver's License # _____

Expiration Date _____

Type of Vehicle _____

License Plate # _____

Number of Seatbelts in Vehicle _____

Owner of Vehicle _____

Owner's Phone _____

Address _____

Vehicle Insured By _____

Address _____

I am presently covered by a no-fault car insurance policy as required by Michigan law, and understand that such insurance will have primary coverage responsibility.

A legal seat belt restraining device will be available in my vehicle for each passenger. All passengers shall have their seat belts fastened while the vehicle is moving.

I will comply with all state and federal speed limits, and will use the utmost care when transporting children.

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

Driver's Signature

Date