



Diocese
of Toledo
IN AMERICA

ST. JOAN OF ARC CATHOLIC SCHOOL

EDUCATIONAL FIELD TRIP DRIVER FORM

Student Name: _____

Teacher: _____ Room _____

**Please fill out this form in its entirety and don't forget to sign the back.
Must be turned in at least one week prior to the field trip. Thank you!**

Thank you for volunteering to assist in transporting children, including if you are only driving your own child, on a school-sponsored activity or activities. Prior to using a private automobile for an educational field trip, the driver must complete, sign, and have this form on file in the school office. This form must be completed annually each school year and each time the information on the form changes.

DRIVER INFORMATION

Name of Driver: _____

Address: _____

Telephone Number: () _____ Cell Phone Number: () _____

VEHICLE INFORMATION

Name of Owner: _____

Year: _____ Color: _____ Make: _____ Model: _____

License Plate No.: _____ Registration Expiration _____ Seating Capacity: _____
(Excluding front passenger seat if there is a front passenger air bag)

VOLUNTEER REQUIREMENTS

I have completed the following requirements on VIRTUS within the last 5 years:

- Selection.com OR Traditional Background Check _____
- Protecting Youth / Protecting God's Children Course _____
- Standards of Behavior and Boundaries _____

If you are unsure if your Volunteer Requirements are up to date, please contact Jane Friesner at
JFriesner@joanofarc.org. Thank you!

CONTINUED ON REVERSE

**A COPY of your DRIVER'S LICENSE & INSURANCE
CARD MUST BE ATTACHED**

REQUIREMENTS

- The vehicle capacity is one passenger per seat belt. All passengers shall use their seat belts.
- No child may sit in a front seat with an airbag. Use of child car seats shall be in accordance with law.
- The vehicle is in a safe operating condition based on inspection by me as to lights, horn, turn signals, brakes, tires, and suspension.
- I have no physical limitations that would adversely affect my ability to drive safely.
- My cell phone will be used only in the case of an emergency while on District business.
- I am not taking any medication that would adversely affect my ability to drive safely.
- I have no prior convictions within the last 5 years for driving under the influence, nor will I consume any alcoholic beverages or other drugs while on a school-sponsored trip or excursion.

VEHICLE DRIVER AGREEMENT

By signing this form, I agree that all the statements below are to the best of my knowledge true, and that such information is accurate, unless and until I provide an update of the same. I affirm that my Motor Vehicle Driving Record and Auto Liability Insurance meet or exceed the minimum requirements set forth below.

- I understand that while driving my vehicle on behalf of the Diocese of Toledo, its parishes, schools, or affiliated institutions, my insurance will be primary for any accident or injury that I may be involved in. The Diocese of Toledo will not provide me with any medical payments and/or un/underinsured motorist's coverage. The Diocese of Toledo does not provide comprehensive and collision coverage on my vehicle.
- I affirm that I am 21 years of age or older and that my driver's license is valid in the state where it is issued, and I have no more than one (1) minor moving violation or one (1) minor accident in the last three (3) years from the date of signing this Agreement.
- I affirm that my auto liability insurance is valid and in force, and that I carry limits of at least \$100,000 per person and \$300,000 per accident for bodily injury; \$100,000 for property damage; \$5,000 for medical payments; and \$100,000 per person and \$300,000 per accident for un/underinsured motorists coverage at the time of signing this Agreement.
- I affirm that I have never been convicted of any criminal offense involving harm or injury to a minor.

Signature of Driver _____ Date _____

**Note: This form expires June 30 and must be renewed each year
or anytime throughout the school year if your information on the form changes.**