



FIELD TRIP VOLUNTEER DRIVER FORM

Building	Student's Name	School Year
Driver's Name	Phone Number	Will you have a cell phone with you? <input type="checkbox"/> yes <input type="checkbox"/> no Cell phone number: _____
Driver's Address	City	State Zip
Driver's License #	Expiration Date	
Type of Vehicle	# of Seat Belts	License Plate Number
Owner of Vehicle	Address	
Vehicle Insured by (Company Name and Policy Number)	Address	

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| <ol style="list-style-type: none"> 1. The vehicle I will be driving is in proper working condition. 2. I am covered by a no fault insurance policy as required by the State Of Michigan. 3. I have a valid driver's license. 4. I am 21 years of age or older and/or the parent of a child attending the field trip. 5. I have not received a moving violation traffic ticket during the three years prior to the date of the field trip. | <ol style="list-style-type: none"> 6. I have completed and submitted a Field Trip Volunteers and Chaperones Criminal Conviction History form. 7. I will ensure that any child: <ol style="list-style-type: none"> a. who is less than 4 years of age is properly secure in a child restraint (booster seat) system. b. who is 4, 5, 6, or 7 years of age AND who is less than 4 feet 9 inches in height is properly secure in a child restraint (booster seat) system. c. who is 8 years of age or older is properly secure in a safety belt. |
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Signature of Driver	Date
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