



ST. MICHAEL'S EPISCOPAL DAY SCHOOL

Volunteer Driver Information Sheet

Name _____

Address _____

City _____

My Driver's License Number is _____
(Please attach a photocopy of driver's license.)

My automobile insurance agent or company is

My policy number is _____
(Please attach a photocopy of the form that is required to be kept in the vehicle as indication of insurance.)

By signing this form, I acknowledge:

1. I have a valid driver's license. Any one else who drives my vehicle for St. Michael's Episcopal Day School transportation shall have a valid driver's license.
2. No one under age of 21 will drive my vehicle to transport students of St. Michael's Episcopal Day School on a school sponsored activity.
3. St. Michael's Episcopal Day School does not provide insurance for and is not responsible for damage to my vehicle.
4. My vehicle has seat belts for every passenger I will transport. I will require that all passengers in my vehicle wear seat belts.

Signature _____

Date _____