



DIOCESE OF SALT LAKE CITY
27 C Street
Salt Lake City, UT 84103

VOLUNTEER DRIVER INFORMATION FORM

ATTENTION: Diocese of Salt Lake City and/or _____
Parish/School/Ministry.

I am able to provide transportation for parish/school/ministry field trips. I agree that pursuant to Utah law EACH CHILD MUST BE PROVIDED WITH A SEAT BELT AND EACH CHILD WILL BE REQUIRED BY ME TO WEAR A SEAT BELT DURING THE ENTIRE TIME SAID CHILD IS IN MY VEHICLE. There are a total of _____ seat belts available. In addition, if there are airbags in my vehicle, I shall follow manufacturer's recommendations regarding who can be seated adjacent to an airbag.

I agree that the use of my private vehicle to transport myself and others for a field trip or an activity shall not hold responsible the Diocese of Salt Lake City, the Parish/School and their employees, agents, representatives and volunteers for any harm or injury resulting from travel to and return from the field trip or activity. It is my understanding that I will receive the directions and the itinerary for each particular field trip or activity and it is my responsibility to review same.

I am twenty-one years of age or older, and hold a valid, non-probationary driver's license. My vehicle is currently registered and insured. I understand that my insurance is the prime carrier in the event of an accident. My policy liability limits are at a minimum of \$100,000 per person/\$300,000 per occurrence. The pertinent insurance information is as follows:

NAME OF INSURANCE COMPANY: _____

NAME OF INSURANCE AGENT: _____

TELEPHONE NUMBER OF AGENT: _____

POLICY NUMBER: _____

DATE OF POLICY EXPIRATION: _____

Dated this _____ day of _____, 20_____

Printed Name of Driver

Signature of Driver