

St. Martin of Tours Academy

Famil	y Name:	
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DRIVER INFORMATION SHEET FOR EVENTS OFF SCHOOL PREMISES

	(https://sandiego.cmgconnect.org/)		
√ I understand when driving	g for any school function, I may not deviate	e from the determined location	n. Initials
Name of Driver:			-
Address:			-
Orivers License #:	State Issued:		-
Year, Make & Model of Vehicle:			-
License Plate #:			
nsurance Company's Name:			-
Liability Limits:			
(Minir	num Limits of \$100,000/\$300,000 Require	ed)	
Please provide a	copy of your driver's license and your cur	rent insurance declaration pa	ge.
n order to provide for the safety	of those we serve, we must ask each voluntee	er to answer the following question	ons:
(such as driving under the influe	r an infraction involving drugs or alcohol ence or driving while intoxicated) in the last	TRUE	<u>FALSE</u>
three years.			
	onvictions for an infraction involving gunder the influence or driving while rs.		
3. I have had no more than three r	noving violations or accidents in the last three y	ears.	
Please be aware that as a vol	unteer driver, your insurance is prima	ary.	
Thank you for helping us with o	our transportation needs.		
<u>Certification</u>			
profound responsibility and I will ex 25 years of age or older, possess a va nsurance coverage in effect on any	on this form is true and correct to the best of my k cercise extreme care and due diligence while drivi did driver's license, have the proper and current li vehicle. I agree that I will refrain from using a cell of training for Safe Environment and Driving as w	ng. I understand that as a volunteer cense and vehicle registration, and l l phone or any other electronic devic	r driver, I must be have the required ce while operatin
Volunteer Driver Signatur	 e	 Date	