



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Volunteer Driver Information

PRINT OR TYPE

This form is to be completed by the volunteer/parent before the described event or activity. The completed and signed form must be given to a school official along with a copy of your current insurance card, signed for approval, and filed with the school. Parents/volunteers may not be able to know the final list or names of students who will be riding in their car until the day of the trip.

Thank you for volunteering to be a driver on a school district related field trip(s) or activity. The information requested by this form is required from each of our drivers. This is for your protection and the safety of the children.

School Name _____

Teacher: _____ Grade Level _____

Destination(s)(be specific) _____

Date(s) of Trip _____

Time of Departure _____ Time of Return _____

PROOF OF INSURANCE AND DRIVER'S LICENSE: As a volunteer driver I am providing the above named school with proof of current automobile insurance and will, if requested, provide proof to the parents/guardians of the students traveling in the vehicle. I understand that the School Board does not provide insurance or any protection for damage to vehicles operated by volunteers. I have been informed that based on current Florida law, the School Board is not responsible for the negligence of volunteer drivers. To my knowledge, my vehicle has no unsafe conditions and is in good repair. I have also shown the school a copy of my current driver's license.

Note that volunteer drivers are required to carry minimum insurance requirements as specified in Florida Statutes §§ 324.021 (\$10,000/20,000) and 627.736 (PIP), and volunteers are to complete the School Volunteer (VIPS) application (PBSD 0887) online if not already done so this school year.

Name of Driver _____

If driver is a parent of student(s) attending field trip/activity, List name(s) of student(s)

Make of Car _____ Color of Car _____ Year of Car _____

Tag Number _____ Tag State _____ Tag Expiration Date _____

Driver's License State _____ Driver's License Expiration Date _____

Vehicle Holds Maximum Number of Passengers _____ Number of Passenger Seat Belts in Vehicle _____

Number of car seats available (if applicable) _____

Signature of Driver/Parent *Date* *Signature of School Official* *Date*