



Parent Volunteer Drivers

Thank you for your willingness to drive for our field trips. We appreciate your generosity and involvement in school activities. The purpose of this form is to reduce the liability of the school while streamline the process for driver approval. We will not require a new copy of your insurance policy every year. If you already have your policy and driver's license on file in the office please read the following statement carefully and sign, if applicable.

I agree to maintain my insurance policy with a minimum coverage of \$100,000 liability per person for bodily injury; \$300,000 liability per incident for bodily injury for all vehicle occupants; and \$50,000 liability for property damage. I further agree to notify the school of any changes to my insurance policy in coverage, or accidents/suspensions on my driving record.

Signature _____ **Date** _____

Print Name _____