

P.O Box 2179 Truckee, CA 96160 · (530) 448-8115

## School Related Trips VOLUNTEER AUTOMOBILE TRANSPORTATION FORM

SCHOOL YEAR	₹			
experiences a transportatior At these times	nd, hence, encourag n whenever possible s, SELS asks parents	ges educational study trips. So, but there are times when we to help provide transportation		
		DRIVER INFORMATION		
(Circle One)	EMPLOYEE	PARENT/GUARDIAN	VOLUNTEER	
Name		Da	Date of Birth	
Address				
Home Phone:		Ce	Cell Phone:	
Driver's Licen	se No. & State:	E:	xpiration Date:	
		VEHICLE INFORMATION-		
Name of Owner:			hone:	
Address:				
Make:		_ Model:	Year:	
License Plate	No. & State:		Registration Expires:	
Seating Capac	city:	My Vehicle is in safe wo	orking condition (Initial)	
		INSURANCE INFORMATI	ON	
Insurance Company:			Policy No.:	
Telephone No.:			Expiration Date:	
Liability Limits of Policy:			Copy Provided:	
* Note: Combir	ned single liability of \$	\$100k required 50/100/50		
of Motor Vehi within the pas accident occu damages. I he or death occu	do not have a total cicles. I have not been st five years and that rs, my insurance covereby waive all claim arring during, or by reand that I will ensure	n convinced of reckless driving t the information given abover grage shall bear primary res s against Sierra Expeditionar eason of, this field trip or exc	or current driving record with the Department ong or under the influence of drugs or alcohol the is true and correct. I understand that if an opponsibility for any losses or claims for by Learning School for injury, accident, illness, cursion. I certify that all the above is true of strained using the appropriate passenger	
Signature:				