



## Volunteer Driver Application Form

School Year 20\_\_ - 20\_\_

We often need help in transporting students on field trips or for sports events. Our school parents have been generous in their assistance. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it (along with copies of your driver's license and your current vehicle insurance card) to the school. A new Volunteer Driver Application Form must be filled out each school year.

### Section 1 - Volunteer Driver Information

Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Phone: (Home or cell) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ City or Town: \_\_\_\_\_

Car Model/Yr #1: \_\_\_\_\_ Car Model/Yr #2: \_\_\_\_\_

Number of working seat belts in car #1: \_\_\_\_ car #2 \_\_\_\_ Plate number for car #1: \_\_\_\_\_ car #2: \_\_\_\_\_

The school requires volunteer drivers to have a minimum amount of liability insurance. (1) \$100,000 liability per person for bodily injury; (2) \$300,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000-\$100,000 liability for property damage. Amount on this (these) car(s):

**Car #1:** Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

As per paragraph above: (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/underinsured motorist coverage? Yes or No

**Car #2:** Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

As per paragraph above: (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/underinsured motorist coverage? Yes or No

Yes No Are you licensed to drive a commercial vehicle?

Yes No Have you been in an accident in the last three years? If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.

Yes No Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.

Yes No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? [Note: Our school will not be able to use volunteers with a "yes" answer even if the incident took place before the person became a Christian.]

## **Section 2 - Requirements for Volunteer Drivers**

I certify that for the school year:

I possess a valid \_\_\_\_ (state) driver's license. Please attach a photocopy of your driver's license and first page of your car insurance policy(ies).

I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.

I will maintain the minimum insurance coverages required by the school for volunteer vehicles for the vehicle(s) listed in section 1 and only volunteer to drive when such insurance policies and coverages are in force.

I understand that in case of any type of accident, injury, or vehicle damage, the school's liability insurance policy does not provide primary or direct insurance on my vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is the only coverage that most nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers.)

I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, nonrenewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.

Students riding in my Vehicle(s) will be seated and in both the front and back seat will be secured with individual working seatbelts. (No double belting of children is permitted.) As required by state law, I will have a child restraint seat for each child under age 12 or under 40 pounds

TO my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).

I will read and follow the Driver and Chaperone Instructions sheet for the field trip.

I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

## **Section 3 - Declaration and Signature**

I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Section IV - School Administration Approval**

\_\_\_\_ Disapproved \_\_\_\_ Approved for addition to the school's Approved Driver List.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_