



**Volunteer Driver
Application Form
2016/2017 School Year**

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 to the school. A new Volunteer Driver Application Form must be filled out each school year.

Section I - Requirements for Volunteer Drivers

- 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 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.
- I will maintain current insurance throughout the school year and will advise the school of any change in information provided below.
- I will carry insurance with at least \$100,000 bodily injury per person and \$300,000 per accident along with \$50,000 minimum for property damage. (Same amounts must be carried for uninsured/under insured motorist).
- Students riding in my vehicle(s) will be seated and all seats will be secured with individual working seatbelts. Students under 8 years of age will be secured in a belt positioning booster seat. (No double belting of children is permitted.)
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)
- I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver list.
- I understand that the school may opt at their discretion to run/secure a motor vehicle report on any drivers that apply at any time to verify driving record and license status.

Section II - Volunteer Driver Information

Name: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Address: _____

Driver License #: _____ Expiration Date: _____

I certify that for the 2016/2017 school year:

- ____ Yes ____ No I possess a valid ____ (state) driver's license.
- ____ Yes ____ No I will keep my vehicle insurance up to date throughout the school year.
- ____ 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 ever been arrested for, charged with, or convicted of 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?

Section III - 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.

Drivers Signature: _____ Date: _____

Section IV - School Administration Approval: _____ Approved _____ Further information needed

Administrator's Signature _____ Date: _____