Volunteer Driver Application Form   ____/____ School Year

A new Volunteer Driver Application Form must be completed each 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 **(along with copies of your driver's license and your current vehicle insurance card)** to the Upper School Office.   *The application must be submitted at least three days prior to the field trip or sporting event.*

Section I – Volunteer Driver Information

Full Legal Name: _____

Driver's License #: _____   Expiration Date: _____

Phone: (H) _____ (W) _____ (M) _____

Address: _____

_____

Car Model/Yr.: (1) _____ (2) _____

Number of working seat belts in car # 1 _____ Car # 2 _____

License number for car #1 _____ Car #2 _____

The school requires volunteer drivers to have a minimum amount of liability insurance. (1) $100,000 liability for bodily injury per person; (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 #: _____

$_____ $_____ $_____

Uninsured/underinsured motorist coverage? Yes: _____ No: _____

Car #2 Insurance Co.: _____   Policy #: _____

$_____ $_____ $_____

Uninsured/underinsured motorist coverage? Yes: _____ 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? If you answered YES, please describe the infractions on another sheet of paper, including dates, and attach it to this form.

Section II – Requirements for Volunteer Drivers

I certify that for the _____ school year:

• I possess a valid _____ (state) driver's license.

• 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 I 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, that 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 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 _____ or under _____ pounds (typically 40 pounds in several states).

• 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 III – Declaration and Signature

I affirm that I will carefully transport students under my care, including obeying all traffic laws.

I consent to and authorize Statesville Christian School to obtain a motor vehicle report and/or background check report.

The information given on this form is true and correct to the best of my knowledge.

Signed: _____ **Date:** _____

I have attached copies of my driver's license and current vehicle insurance card _____ (Initials)

** Applications will NOT be processed without <u>copies of driver's license and current vehicle insurance card</u>. **

Section IV – School Administration Approval

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

Administrator's Signature _____   Date: _____