



2 Sided Form

Please attach copies of

- Valid Driver License
- Vehicle Insurance Card
- Insurance Policy Limits – you can find this page in your policy

Volunteer Driver Application Form

We often need help in transporting students on field trips and 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 transportation 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, prior to any volunteer driving.

Section I – Volunteer Driver Information

Name: _____ Home Phone: _____

FL Driver License No.: _____ Expires: ____/____/____

Other Phones: Work: _____ Mobile: _____ Email: _____

Current Address: _____

City, State, ZIP: _____

The Academy requires volunteer drivers to have the following *minimum* amounts of liability insurance.

- (1) \$50,000 liability per person for bodily injury;
- (2) \$100,000 liability per incident for bodily injury for all vehicle occupants; and
- (3) \$25,000 liability for property damage.

| <u>Car No. 1</u> | <u>Car No. 2</u> |
|------------------------------------------------------|------------------------------------------------------|
| Year & Model: _____ | Year & Model: _____ |
| Tag No: _____ | Tag No: _____ |
| How many operable safety belts (excl. driver)? _____ | How many operable safety belts (excl. driver)? _____ |
| Front seat passenger air bag? Y or N | Front seat passenger air bag? Y or N |
| Insurance Company: _____ | Insurance Company: _____ |
| Policy No: _____ | Policy No: _____ |
| Renewal Date: _____ | Renewal Date: _____ |
| Bodily Injury Liability Limit: \$ _____/person | Bodily Injury Liability Limit: \$ _____/person |
| Bodily Injury Liability Limit: \$ _____/incident | Bodily Injury Liability Limit: \$ _____/incident |
| Property Damage Limit: \$ _____ | Property Damage Limit: \$ _____ |
| Uninsured/Underinsured Motorist Coverage?: Yes or No | 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 YES, please describe the accident and its cause 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 Academy will not be able to use volunteers with a “yes” answer to this question even if the incident took place before the person became a Christian.]

(SEE BACK OF FORM)



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Section II – Requirements for Volunteer Drivers

I certify that for the 2004-2005 school year:

- I possess a valid _____ (state) driver license. Please attach a photocopy of your license and first page of your automobile insurance policy or policies.
- I will contact my insurance agent to determine 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. If so, I will promptly notify the school and cease volunteer driving until I am fully qualified.
- I will maintain the minimum insurance coverage limits required by the school for volunteer vehicles for the vehicle(s) listed in Section I, and only volunteer to drive when such insurance coverage is 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 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, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.
- I will direct and supervise students riding in my vehicle(s) to be seated, and every passenger in both the front and back seat will be secured with individual working seatbelts. (No double belting of children is permitted. K-6th grade students may not be seated in a location with an air bag.) As required by state law, I will have a child restraint seat for each child under age 2, or under 40 pounds (typically 40 pounds in several states).
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, door locks, etc.).
- I will read and follow the Instructions for Drivers and Chaperones 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. The information given on this form is true and correct to the best of my knowledge.

Signed: _____ **Date:** _____

Printed Full Name: _____

Please attach copies of your driver's license, auto insurance card, and policy declarations page.

Find this form online at www.ChristClassical.com