Volunteer Driver Application Form ______School Year

We often need help in transporting students on field trips or for sporting 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 <u>copies of your driver's license</u> and a <u>copy of the front page of your insurance policy with the amount of coverage</u>) to the school. A new Volunteer Driver Application Form must be filled out <u>each school year</u>.

Section I - Volunteer Driver Information

Name:				Driver License #			
Phone (H) (W)				Expiration Date			
Addr	ess:						
Car Model/Year #1				Car Model/Year #2			
Number of working seat belts in:			Car #1	Passen	ger Air Bag?	YES NO	
			Car #2	Passen	ger Air Bag?	YES NO	
 <u>\$100,000</u> liability per person for bodily injury <u>\$300,000</u> liability per incident for bodily injury for all vehicle occupants <u>\$100,000</u> liability for property damage Amount on these cars: Car #1 Insurance Co.:Policy #1)\$2)\$3)\$ 							
Car #2 Insurance Co.:			Policy #	1)\$	2)\$	3)\$	
Please circle one:YESNOAre you licensed to drive a commercial vehicle?YESNOHave 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	ES NO Have you been convicted for DWI or any alcohol or drug offenses, or had your license suspended for driving violations, hit and run, eluding an officer, reckless or negligent op of a vehicle, or driving while under suspension or revocation? (Note: Our school will no able to use volunteers with a "YES" answer even if the incident took place before the per became a Christian. This is due to legal ramifications.				gligent operation ool will not be		

Section II - Requirements for Volunteer Drivers:

I certify that for the ______ school year:

- I possess a valid North Carolina driver's license. <u>Please attach a photocopy of your driver's</u> <u>license and first page of your insurance policy</u>.
- 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 coverage required by the state for volunteer vehicles for the vehicles(s) listed in Section I and will 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, citations for moving violations, non renewal of license, termination of license, change of insurance company, change in amounts of 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**.) I will not place a child 12 years and under in a front passenger seat when the air bag is functional.
- 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. The information given on this form is true and correct to the best of my knowledge.

Signature:_____

Date:_____

Cell Phone Number: _____

I have read the Driver and Chaperone Instructions and agree to abide by the rules included in this document.

Signature: _____

Section IV - School Administration Approval

_____Approved _____Disapproved for the school's Approved Driver List

Administrator's Signature:

Date:_____