

**Community Christian School
500 Elks Road
Richmond, Indiana 47374
(765) 935-3215**

<i>Office Use Only</i>
Insurance _____
License _____

Volunteer Driver Application Form

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

Section I – Volunteer Driver Information

Name: _____

Driver License # _____ Expiration Date: _____

Phone: (Home) _____ (Work) _____

Address: _____

Car Model/Yr. #1 _____ Car Model/Yr. #2 _____

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

Indiana State Law Requires children to be properly restrained. How many children can you safely transport i.e., seatbelts/airbags? _____

License Plate # for Car #1 _____ Plate # for Car #2 _____

Signature _____ Date _____

The school requires volunteer drivers to have a minimum amount of liability insurance. **Please send a copy of your insurance showing these coverage's, not** just a copy of your insurance card.

- (1) \$100,000 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.

Please state these amounts on the aforementioned car(s), along with your Insurance Provider's name and policy number.

Car #1 Insurance Co.: _____ Policy #: _____

Limits: (1) \$ _____ (2) \$ _____ (3) \$ _____

Car #2 Insurance Co. _____ Policy # _____

Limits: (1) \$ _____ (2) \$ _____ (3) \$ _____

(OVER)

Please answer the following:

Yes No Are you licensed to drive a commercial vehicle?

Yes No Do you carry Uninsured/ Underinsured Motorist Coverage?

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 over the last three (3) years? (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.)

Signature: _____ Date: _____

Section II – Requirements for Volunteer Drivers

I certify that for the _____ school year, I possess a valid _____ State driver's license. (Please attach to this application a photocopy of your driver's license and your current insurance policy showing vehicle coverage.)

- 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, the school's liability insurance policy does not provide primary or direct insurance on my vehicle.
- 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(s), will be secured with individual working seatbelts. (No double belting of children is permitted.) I will have a child restraint seat for each child as required by state law.
- To my knowledge, my vehicle is in safe operation 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 by these guidelines, and 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

_____ Approved _____ Disapproved for addition to School's Approved Driver List