

VOLUNTEER DRIVER APPLICATION FORM

Teachers often need help transporting students on field trips or for sports events. Baymonte parents have been generous in their assistance. If you are interested in helping transportation needs during the school year, please provide:

☐ Volunteer Driver Application Form			
☐ A copy of your driver's license			
☐ Current vehicle insurance policy – sh	nowing coverage amounts		
Name_	Driver's License #		
Student(s) Name(s)			
Phone: (Cell)	DL Expiration Date		
Address:	-		
	Car Model/Yr #2:		
	Policy #		
	Car #2		
(1) \$ (2) \$	00-\$100,000 liability for property damage.		
Uninsured/underinsured motorist cove			
Please answer the following questions:			
	nt in the last three years? If you answered YES, please		
describe the accident and its cause on and			
-	moving violations within the last three years? If you		
· -	tions on another sheet and attach it to this form.		
-	VI/DUI of alcohol or drugs, or had your license suspended for		
	cer, reckless or negligent operation of a vehicle, or driving		
answer.)	: Our school will not be able to use volunteers with a "yes"		

I certify that I will maintain the following and/or notify the school office of any changes:

- I possess a valid ____(state) driver's license. Please attach a photocopy of your driver's license and first page of your car insurance policy.
- 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 school for volunteer vehicles for the vehicle(s) listed and only volunteer to drive when such insurance policies and coverage 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.
- I will advise the school of any change in information provided on the 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, 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 for each child under age 6 or under 60 pounds.
- 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.

DECLARATION AND SIGNATURE

Administrator's Signature:__

DECEMBER 11101111111	, DIGITITURE		
I affirm that I will	carefully transport students unde	r my care, including obeying a	ll traffic laws. The
information given	on this form is true and correct to	the best of my knowledge.	
Signed:		Date:	
	ED ATTION A DDD OXAA		
SCHOOL ADMINIST	TRATION APPROVAL		
☐ Approved	☐ Unable to approve		

Date: _