



VOLUNTEER DRIVER APPLICATION FORM

Teachers often need help transporting students on field trips or for sports events and 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 declarations page listing coverage amounts

Name _____ Driver's License# _____

Student(s) Name(s) _____

Phone: (Cell) _____ DL Expiration Date: _____

Address: _____

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

Insurance Company: _____ Policy #: _____

License Plates: Car#1 _____ Car #2 _____

The school requires volunteer drivers to have a minimum amount of liability insurance: (1) **\$100k** liability per person for bodily injury, (2) **\$300k** liability per incident for bodily injury for all vehicle occupants, (3) **\$50-100k** liability for property damage.

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

Uninsured/underinsured motorist coverage: _____ **YES** _____ **NO**

____ **YES** ____ **NO** Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct?

____ **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 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 school will not be able to use volunteers with a "yes" answer.)

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 the declarations 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 Instruction sheet for field trips.

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: _____

SCHOOL ADMINISTRATION APPROVAL

____ Approved ____ Unable to Approve

Administrator's Signature: _____ Date: _____

