

Culpeper Christian School

Volunteer Driver Application Form

_____ School Year

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 INSURANCE INFORMATION SHEET SHOWING YOUR LIABILITY LIMITS**) to the school. A new Volunteer Driver Application Form must be filled out each school year. You will receive a notice of approval by mail.

Section I – Volunteer Driver Information:

Name: _____ Driver License #: _____ Expiration Date: _____

Phone: (H) _____ (W) _____ (Cell) _____

Address: _____ City _____ Zip _____

The school requires volunteer drivers to have a minimum amount of liability insurance. (1) \$100,000 liability 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.

Vehicle #1(year, make, and model): _____

Insurance Co.: _____ Policy # _____

(1) \$ _____ (2) \$ _____ (3) _____ Uninsured/underinsured motorist coverage? Yes: ____ No: ____

Vehicle #2(year, make, and model): _____

Insurance Co.: _____ Policy # _____

(1) \$ _____ (2) \$ _____ (3) _____ Uninsured/underinsured motorist coverage? Yes: ____ 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 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 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?

****Please attach: a photocopy of Driver's License and insurance policy page that shows liability limits.****

Section II – Requirements for Volunteer Drivers

I certify that for the _____ school year:

- I possess a valid Virginia driver’s license.
- I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting 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 in Section I 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. (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, and citation 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.
- Students riding in my vehicle(s) will be seated in the back seat and 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 eight years of age.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)
- I will read and follow the driver chaperone Instructions sheet for the field trip.
- I will notify school personnel 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: _____

Section IV – School Administration Approval

____ Approved ____ Disapproved for addition to the school’s Approved Driver List.

Administrator’s Signature: _____ Date: _____