

***Aletheia Christian Academy***  
***1700 Woodchuck Avenue***  
***Pensacola, Florida 32504***  
***(850) 969-0088***

**Volunteer Driver Application Form** \_\_\_\_\_ / \_\_\_\_\_ **School Year**

We often need help in transporting students on field trips or for sports events. Over the years, our parents have been very generous in their assistance, and we greatly appreciate this help. In order to better protect the safety of our students and to reduce the liability of volunteer drivers and the school, we are asking all volunteer drivers to please fill out this form and return it to the school. A new Volunteer Driver application Form must be filled out each school year.

**Section I – Volunteer Driver Information**

Name: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Number of working seat belts in car #1 \_\_\_\_\_ car #2 \_\_\_\_\_

Are you licensed to drive a commercial vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Section II – Requirements for Volunteer Drivers**

I certify that for the \_\_\_\_\_ / \_\_\_\_\_ school year:

- I possess a valid \_\_\_\_\_ state driver's license.
- 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 be a volunteer driver.
- 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.) The school requires that volunteer drivers 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.
- 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 4 or under 40 pounds (typically 40 pounds in most states).

- I have not been convicted for DWI/DUI of alcohol or drugs or had my 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.
- I have not been ticketed for a moving violation in the past three years.
- I will advise the school of any changes 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.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section IV – School Administration Approved**

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved for addition to the school's Approved Driver List.

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_