



Aletheia Christian Academy

1700 Woodchuck Avenue ~ Pensacola, Florida 32504

Phone (850) 969-0088 ~ Fax (850) 969-0906

www.acalions.org ~ email: acamail@acalions.org

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 require all volunteer drivers to please fill out this form, attach the required information, and return it to the school. A new Volunteer Driver Application Form must be filled out each school year.

Section I – Required Information to be attached to this Application.

____ Copy of your Driver's License

____ Copy of the Declarations Page of your Automobile insurance policy, listing your coverages (the school requires a minimum liability coverage of \$100,000 per person / \$200,000 per accident and a minimum property damage coverage of \$50,000).

Section II – Volunteer Driver Information

Name: _____

Home Phone: _____ Work _____ Cell/Pager _____

Address: _____

City: _____ ST: _____ ZIP: _____

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

Are you licensed to drive a commercial vehicle? _____ Yes _____ No

Section III – Requirements for Volunteer Drivers

I certify that for the _____ - _____ school year:

- I possess and have attached to this application 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.
- Students riding in my vehicle(s) will be secured with individual working seatbelts. (No double belting of children is permitted.) Children under the age of 5 will be secured in the rear seat. I will not leave any child in my car unattended at any time.
- I have not been convicted for DWI/DUI of alcohol or drugs, nor 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 understand that under present law if I were to be involved in an accident resulting in an injury to another person's child, that child would be primarily covered for bodily injury under his/her family's automobile policy. My auto insurance would come into effect only after the child's family auto policy has been exhausted.
- 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) \$200,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000-\$100,000 liability for property damage. I have provided a copy of my Proof of Insurance with the coverages listed with this application.
- 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 if I no longer wish to drive and want to be removed from the Approved Driver List.

Section IV – 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 V – School Administration Approved

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

Administrator's Signature: _____ Date: _____