

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 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 Proof of Insurance with coverage listed. Coverage amounts must meet the minimums listed in Section III below.

Section II – Volunteer Driver Information

Name: _____

Phone: (H) _____ (Wk) _____ (Cell) _____

Address: _____

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

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 was 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) \$25,000 liability per person for bodily injury; (2) \$50,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$25,000 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 personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

Section IV – Declaration and Signature

I affirm that I have read the Volunteer Driver Instructions and Emergency Action Plan attached to this information and 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: _____

Volunteer Driver Instructions

Our school greatly depends on the involvement of our parents for transportation to sport contests, field trips, and other off-site events. We appreciate you taking the time to support your child's school and its activities. The following are guidelines that we ask drivers to follow:

1. If the teacher/coach has a cell phone, make sure you know the phone number before departing.
2. Maintain control of the students in your car so that their behavior does not become a distraction to you while you are driving. Inform the teacher if you need assistance with this.
3. The teacher will assign students to a particular vehicle. Do not allow students to change vehicles without the teacher's permission. Always make sure you have all of your assigned students before departing each location.
4. Students must wear seat belts at all times.
5. Make sure you understand the route to be taken. A map and/or directions should be provided by the teacher.
6. Students should not be left unattended in a vehicle.

THANKS FOR BEING A DRIVER! WE TRULY APPRECIATE YOUR HELP!



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850-969-0088 ~ fax: 850-969-0906

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

Field Trip and Extra-curricular Activity **Emergency Action Plan for Drivers**

What to do if you are involved in an accident while driving students on a school sponsored activity.

1. Try to remain calm. Call 911 immediately. If you are unable to make the call yourself, please designate someone to make the necessary calls for you.
2. Report your location and any injuries to 911 as accurately as possible to ensure emergency vehicles can reach you as quickly as possible.
3. As soon as 911 releases you, contact the school administration to inform them of the situation. Please be ready to report your location, the extent of any injuries and what hospital students and/or parents are being transported to. If you cannot personally accompany the injured to the hospital, try to make sure a responsible adult does. Make sure they have the Medical Release Field Trip forms with them when they go. These forms should have the necessary information the hospital will need for the treatment of any student's injuries.

School Phone Number -- 850-969-0088

Jordan Laxton's Phone Number -- (c) 731-225-9932

4. Obtain information on how to receive a copy of the accident report. Make sure you give the school address (above) if it must be mailed.
5. Fill out and submit the Vehicle Accident Report located on the back of this sheet as soon as possible. Please attach the copy of the accident report if you are able to.

“O send out thy light and thy truth; let them lead me.” Psalm 43:3a