



Volunteer Driver Application Form 2024-2025 School Year

A new Volunteer Driver Application Form must be completed each 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. **The school requires volunteer drivers to have auto insurance.** If you are interested in helping with such needs during the school year, please fill out this form and return it to the Front Office.

Section I – Volunteer Driver Information

Full Legal Name: _____ Drivers License #: _____

Phone: (H) _____ (C) _____

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

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

License number for Car #1 _____ Car #2 _____

The school requires volunteer drivers to have auto insurance.

Section II – Requirements for Volunteer Drivers

I certify that for the **2024-2025** school year:

- I possess a valid _____ (state) driver's license.
- I understand that in case of any type of accident, injury, or vehicle damage, the school's insurance will take effect after my personal auto insurance limits are exhausted.
- I will advise the school of any change in information provided on this form including, nonrenewal of license, termination of license, change of insurance company, termination of insurance or change of vehicle.
- Students riding in my vehicle(s) will be seated and both the front and back seat will be secured with individual working seatbelts. (No double belting of children is permitted).
- If applicable, I agree to accommodate a parent provided child car seat.

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: _____

I have attached copies of my driver's license and current vehicle insurance card _____ (Initials)

****Applications will NOT be processed without copies of driver's license and current vehicle insurance card.****

Section IV – School Administration Approval

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

Administrator's Signature _____ Date _____