



# Pontiac Christian School

## VOLUNTEER DRIVER APPLICATION FORM

2018 – 2019 SCHOOL YEAR

We often need help in transporting students on field trips or for sporting 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 current vehicle insurance card) to the school. A new Volunteer Driver Application Form must be filled out each school year.

### SECTION 1 – Volunteer Driver Information

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

Address: \_\_\_\_\_  
(Street) (City) (IL) (Zip)

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

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

Car Model/Year #1: \_\_\_\_\_ Car Model/Year #2: \_\_\_\_\_

# working seat belts suitable for children in Car #1 \_\_\_\_\_ Car #2 \_\_\_\_\_

License number for Car #1 \_\_\_\_\_ Car #2: \_\_\_\_\_

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. Amount on this (these) car(s):

Car #1 Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Uninsured/Under-insured Motorist Coverage? Yes \_\_\_ No \_\_\_

(1) \$ \_\_\_\_\_ (2)\$ \_\_\_\_\_ (3)\$ \_\_\_\_\_

Car #2 Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Uninsured/Under-insured Motorist Coverage? Yes \_\_\_ No \_\_\_

(1) \$ \_\_\_\_\_ (2)\$ \_\_\_\_\_ (3)\$ \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_ Have you been the cause of an accident in the last three years? If yes, please describe the accident and it's cases on another sheet of paper and attach it to this form.

Yes \_\_\_ No \_\_\_ Have you been ticketed for moving violations within the last year? If yes, please describe the infractions on another sheet of paper and attach 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?

## SECTION 2 – Requirements for Volunteer Drivers

I certify that:

- I possess a valid IL driver's license. Please attach a photocopy of your driver's license and first page of your car insurance policy(ies).
- 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 meet the qualifications for a volunteer driver.
- I will maintain the minimum insurance coverages 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 coverages 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 non-profit 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, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change of amounts of insurance coverage, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated and in both the front and back seats will be secured with individual working seat-belts. (No double belting of children is permitted.) As required by state law, I will have a child restraint seat for each child under age (5 years) and under 50 pounds. No child shall ride in the front seat of my vehicle who is less than 10 years of age and weighs less than 80 pounds.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- I will read and follow the Driver and Chaperone Instruction sheet for the field trip.
- 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 3- 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 4-School Administration Approval

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

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

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