

VOLUNTEER DRIVER APPLICATION FORM

	orting students on field trip chool year, please fill out th cle insurance card) to the s	is form and return it (alor	you are interested in helping ng with copies of your driver's r Driver Application Form
Section I – Volunteer Driv	ver Information		
Name:	Driver	License #:	Expiration:
Phone: (Home)	(Work)	(C	ell)
Address:			
Car #1 Model/Year		Car #2 Model/Year	
Number of working seat belts	in car #1	Car #2_	
Car #1 License Plate Numbe	ſ <u></u>	Car #2	
\$50,000-\$100,000 liability for	2) \$300,000 liability per inciproperty damage. Amoun	dent for bodily injury for a t on this (these) cars:	ance. (1) \$100,000 liability all vehicle occupants; and (3)
Car #2 Insurance Company:		Policy #	(3) \$
Amount of coverage: (1) \$ Uninsured/underinsured moto	(2 prist coverage for Car #2?) \$ Yes: No:	(3) \$
YesNo	Are you licensed to drive a	commercial vehicle?	
YesNo	Have you been in an accidental please describe the accidental		
YesNo	Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on the back of this form.		
YesNo	violations, hit and run, eluc vehicle, or driving while un	ling an officer, reckless o der suspension or revoca	license suspended for moving or negligent operation of a ation? (Please Note: LCA will yen if the incident took place

(continued on back page)

prior to the person becoming a Christian)

Section II – Requirements for Volunteer Drivers
I certify that for the/ school year:
 I possess a valid(state) drivers license. (Please attach a photocopy of your drivers license and first page of your car insurance policy. 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 coverage required by LCA for volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies 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. 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, citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in 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 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 seat for each child under age 5 or under 40 pounds. To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.) I will read and follow the Driver and Chaperone Instructions. I will read and follow the Driver and Chaperone Instructions. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Volunteer 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:_____