

Volunteer Driver Application Form ~~2011-12~~ School Year

New Life Christian Academy

5517 Griswold Rd. • Kimball, MI 48074 • (810) 367-3770

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. 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 I – Volunteer Driver Information

Name: _____ Driver License #: _____

Phone (H): _____ (W) _____ Expiration Date: _____

Address: _____

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

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

License number for car #1 _____ Car #2 _____

- Yes No Are you licensed to drive a commercial vehicle?
- Yes No Have you been in an accident in the last three years? If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.
- Yes No Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it 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? [Note: Our school will not be able to use volunteers with a "yes" answer even if the incident took place before the person became a Christian.]

Section II – Requirements for Volunteer Drivers

- I possess a valid _____ (state) driver's license. Please attach a photocopy of your driver's license and first page of your car insurance policy(ies).
- 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, nonrenewal 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 4 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 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 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 _____