



Children's Names/grades \_\_\_\_\_

Los Altos Christian Schools \_\_\_\_\_  
625 Magdalena Ave. Los Altos, CA 94024 \_\_\_\_\_

# Volunteer Driver Application Form

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 coverage) to the school. **A new Volunteer Driver Application Form must be filled out each school year.**

## Section 1—Volunteer Driver Information

Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Car Model/Yr #1: \_\_\_\_\_ Car Model/Yr #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 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 #: \_\_\_\_\_ (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Car #2 Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ 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 In the last five (5) years 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 II—Requirements for Volunteer Drivers

I certify that for the current school year:

- I possess a valid California driver's license. **Please attach a photocopy of your driver's license and the "Declarations Page" of your car insurance policy(ies) showing from/to dates of coverage (coverage period) and coverage amounts (please note minimums above).**

- 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 am over 25 years of age.
- I will maintain the minimum insurance coverages required by the school for volunteer for the vehicle(s) listed in Section 1 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 nonprofit 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, 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 6 or under 60 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: \_\_\_\_\_

### **Section IV—School Administration Approval**

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

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