



Junior High / High School
 Volunteer Driver Application Form
 2016 - 2017

We often need help in transporting students on field trips. 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. As an additional protection, we are also clearing all drivers through the California Department of Motor Vehicles. Please be advised that all information that you give to us will be held in strictest confidence and in secured storage.

Section I – Volunteer Driver Information

Name _____ Phone (H) _____

Address: _____ (W) _____

City/Zip _____

Driver's License # _____ Expiration Date _____

	Car #1	Car #2
Model/Year		
License Number		
Number of seatbelts for students*		
Insurance Company		
Policy #		

* Elementary students may not ride in the front passenger seat if there is an airbag.

Please indicate the amount of liability insurance you have in the following categories.

	Please check one		
Bodily injury per person	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000+
Bodily injury per occurrence	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000+
Property damage per occurrence	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000+
Uninsured motorist coverage	Yes	No	Yes No

Yes Are you licensed to drive a commercial vehicle?
 No

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

Yes Have you been ticketed for moving violations within the last three years? If you answered
 No yes, please describe the infractions on another sheet of paper and attach it to this form.

Yes Have you ever been convicted for DWI/DUI of alcohol or drugs, or had your license
 No suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? If you answered yes, please describe on another sheet of paper and attach it to this form.

Section II – Requirement for Volunteer Drivers

I certify that for the _____ school year:

- ◆ 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). Copies may be made in the office.
- ◆ 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 above insurance coverage(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. (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. No elementary student can sit in the front passenger seat if equipped with an airbag. As required by state law, all children younger than eight years old, or under 4 feet 9 inches, will be secured in a car seat or booster seat provided by the parent.
- ◆ 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 – Business Office DMV Approval

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

Signed _____

Date _____

Section V – School Administration Approval

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

Signed _____

Date _____

**VICTORY CHRISTIAN SCHOOLS
DISCLOSURE & AUTHORIZATION FORM FOR DMV RECORDS CHECK**

This serves to advise you that in consideration for volunteering as a parent driver with Victory Christian Schools, a consumer report and/or investigative consumer report may be obtained on you. This process will include driving records (MVR) only. The source of the reports will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL 32779. Toll-free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer reports will be state driving record searches. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time as long as you remain a volunteer parent driver. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any division of motor vehicles to furnish First Advantage with any and all background information in their possession regarding you, in order that your status as a parent driver may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.

_____ (_____) _____ (_____) _____
Printed Full Name Home Phone Work Phone

_____ City State Zip
Address

_____ Social Security Number Maiden or other name used Year last used Date of Birth**

_____ Drivers License Number State

_____ Date Signed
Signature

** Date of birth is only used to retrieve accurate background information.