

# Trinity Christian Academy

## Volunteer Driver Information Form

2016/2017 School Year

Trinity Christian Academy often needs 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 **with copies of your driver's license and current vehicle insurance card** to TCA. A new Volunteer Driver Information Form must be completed each school year.

**Section I Volunteer Driver Information**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Yes \_\_\_\_ No \_\_\_\_ Have you been in an accident in the last three years? If "yes", please describe the accident and its cause on the back of this form.

Yes \_\_\_\_ No \_\_\_\_ Have you been ticketed for a moving violation within the last three years?

Yes \_\_\_\_ No \_\_\_\_ Have you ever 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: TCA will not be able to use volunteers who answer "yes" to this question.)

**Section II Automobile Information**

Car #1

Car #2

Make/Model/Year \_\_\_\_\_

Number of Seat Belts \_\_\_\_\_

License Number \_\_\_\_\_

**Section III Insurance Information**

TCA requires volunteer drivers to have the following 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; (3) \$100,000 liability for property damage.

Car #1

Car #2

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Do you have uninsured/underinsured motorist coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section IV Requirements for Volunteer Drivers**

I certify that for the \_\_\_\_\_/\_\_\_\_\_ school year:

- I possess a valid \_\_\_\_\_ (state) driver's license.
- 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 minimum insurance coverages required by TCA for volunteer vehicles, and will volunteer to drive only when such policies and coverages are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, the liability insurance policy of TCA 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 TCA of any change in information provided on this form.
- Students riding in my vehicle(s) will be seated in both the front and back seat and will be secured with individual working seatbelts.
- To my knowledge, my vehicle is in safe operating condition.

**Section V Declaration and Signature**

I affirm that I will carefully transport students under my care, including obeying all traffic laws. I consent for the school to conduct a motor vehicle report on me as a supplement to this form. The information given on this form is true and correct to the best of my knowledge.

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

I have attached a copy of my driver's license.

I have attached a copy of my vehicle insurance card.