



Trinity Baptist School
280 Trinity Drive
Williston VT 05495
802.879.9007

Volunteer Driver Application Form (One form per driver)

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 to the school office with 1) a copy of your driver's license, and 2) the first page of your car insurance that lists the amount of your liability coverage. A new form must be filled out each school year.

School year: _____

Driver's Name _____

If you have 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, Trinity will not be able to use your driving services (even if you are now a Christian and were not at the time of the incident).

If the above is not true of you, please complete the rest of the form.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I possess a valid driver's license. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you licensed to drive a commercial vehicle? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been in an accident in the last three years? If yes, please describe the accident and its cause on a separate piece of paper and attach it to this form. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you received a ticket for moving violations within the last three years? If yes, please describe the infractions on a separate piece of paper and attach it to this form. |

Please initial each of the following. I certify that for the current school year:

__ I have attached a copy of my driver's license and the first page of my car insurance policy/ies.

__ 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 the school for volunteer vehicles and only volunteer to drive when such insurance policies and coverages are in force. The school requires volunteers to



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have a minimum amount of liability insurance. \$100,000 liability per person for bodily injury, \$300,000 liability per incident for bodily injury for all vehicle occupants; and \$50,000-\$100,000 liability for property damage.

__ 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.

__ 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.

__ I will obey all traffic laws, particularly when transporting students.

__ Students riding in my vehicle/s will be seated and in both the front and back seat will be secured with individual working seatbelts or proper car restraint seating (no double-belted children). As required by state law, I will have a child restraint seat for each child under the age of 8 or under 80 pounds.

__ To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)

__ I will notify the school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

__ As required by state law, volunteer drivers are expected to refrain from using cell phones or other electronic devices while driving. If a call is unavoidable, drivers should pull off to the side of the road and safely stop the vehicle before using the phone. If pulling over is not an option, drivers are expected to use hands-free options, keep their eyes on the road, and keep the call short. Special care should be taken where traffic, inclement weather, or unfamiliar territory is involved. Under no circumstances are drivers allowed to place themselves or others at risk by their inappropriate use of cell phones or similar devices in fulfilling school or personal needs during school time or on school errands. Drivers who are charged with traffic violations resulting from the use of their cell phone or other device while driving will be solely responsible for all liabilities that result from such actions. Violators of this policy will be subject to discipline, up to and including termination.

I affirm that I will carefully transport students under my care. The information given on this form is true and correct to the best of my knowledge.

(Signature)

(Date)

School Administration Approval

Approved

Not Approved

Date: _____

Signature: _____