



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) **insurance card**.

A new form must be filled out each school year.

School year: _____

Driver's Name _____

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

☐ Yes ☐ No I possess a valid driver's license.

☐ Yes ☐ No I possess valid auto insurance.

☐ Yes ☐ 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.

☐ Yes ☐ 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 let us know if any of the above information changes.



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

_____ 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 obey all traffic laws, particularly when transporting students, and I affirm that I will carefully transport students under my care.

_____ I will use extra caution in traffic, bad weather, or unfamiliar areas.

_____ I will ensure that all occupants riding in my vehicle will be seated, and, whether in the front seat or back seat, will be secured with individual, working seatbelts or legal child safety seats.

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

_____ I will not use a cell phone or other electronic device while driving, as required by state law. I will pull over and safely stop the vehicle before making or answering a call whenever possible. If I must take a call and cannot pull over, I will use a hands-free option, keep my eyes on the road, and keep the call brief.

_____ I understand that violating this policy may result in disciplinary action, including removal as a volunteer driver.

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: _____