Trinity Baptist School 280 Trinity Drive Williston VT 05495 802.879.9007



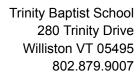
## **Volunteer Driver Application Form** (One form per driver)

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.





| Please initial each of the following. I                                  | certify that for the current school year:   |              |
|--|---|--------------|
| I understand that in case of any policy does not provide primary or dire | y type of accident, injury, or vehicle damage, the school's liabili-<br>rect insurance on my vehicle.   | ty insurance |
| I will obey all traffic laws, par transport students under my care.      | rticularly when transporting students, and I affirm that I will car   | efully       |
| I will use extra caution in traff  | fic, bad weather, or unfamiliar areas.  |              |
|  | s riding in my vehicle will be seated, and, whether in the front seworking seatbelts or legal child safety seats.   | eat or back  |
| To my knowledge, my vehicle  | is in safe operating condition (brakes, tires, etc.)  |              |
| over and safely stop the vehicle before                                  | other electronic device while driving, as required by state law. I e making or answering a call whenever possible. If I must take a ee option, keep my eyes on the road, and keep the call brief. | •            |
| $\underline{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$                  | policy may result in disciplinary action, including removal as a  | volunteer    |
| The information given on this form is                                    | s true and correct to the best of my knowledge.   |              |
| (Signature)  | (Date)  |              |
| School Administration Approval   |   |              |
| ☐ Approved ☐ N   | Not Approved  |              |
| Date:  | Signature:  |              |