



Volunteer Driver Application Form

We often need help in transporting students on field trips or 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 **along with copies of your DRIVER's LICENSE, MOTOR VEHICLE RECORD and YOUR CURRENT AUTOMOBILE INSURANCE CARD** to the school. A new Volunteer Driver Application Form must be filled out each school year.

Section I Volunteer Driver Information

Name: _____ Driver's License #: _____ Expiration Date: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Address: _____

Email: _____

Car Model/Yr (1): _____ (2): _____

Number of working seat belts in car (1): _____ (2): _____

License plate number for car (1): _____ (2): _____

License plate number for car (1): _____ (2): _____

___ Yes ___ No Are you licensed to drive a commercial vehicle?

___ Yes ___ No Are you licensed to drive?

___ Yes ___ No Have you been in an accident in any State within 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 moving violations in any State within the last three years? If you answered YES, please describe the infractions on the back of this form.

___ Yes ___ No Have you been convicted of 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 in any State within the last 10 years? (Note: If you answered yes to this question our school will be unable to approve this application)

Section II Requirements for Volunteer Drivers

I certify that for the _____ school year:

- I possess a valid _____ (state) driver's license.
- I will maintain personal automobile insurance coverage at the prescribed levels for the vehicles listed in Section I and only volunteer to drive when such insurance policies and coverage's are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, that 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, non-renewal of license, termination of license, change of insurance company, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated with individual working seatbelts. (No double belting of children is permitted.) Children under the age of twelve should not ride in a front seat. As required by _____ Virginia state law, I will have a child restraint seat for each child under age 6.
- I will carry a first aid kit in my vehicle when driving for WCA events.
- To my knowledge, my vehicle is in safe operating condition.
- I will read and follow the driver and chaperone instructions listed in the school volunteer handbook.
- I will notify school personnel if I no longer wish to drive or I if 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.

I agree to complete the WCA Vehicle Log and Pre and Post Trip Checklist each time I drive a WCA Vehicle and turn in to the front desk within 24 hours of returning to WCA.

In the event of an accident, I agree to complete the WCA Vehicle Accident Report and follow the policies in accordance with the Accident Report.

The information given on this form is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Section IV School Administration Approval

☐ Approved for addition to the school's Approved Driver Lists.

☐ Disapproved

Administrator's Signature: _____

Date: _____