



22081 Hidalgo  
Mission Viejo, California 92691  
Telephone: 949.598.9166 Fax: 949.598.1892

[www.heritagechristianschool.com](http://www.heritagechristianschool.com)  
Tax Id: 20-8256969

## Heritage Christian School Volunteer Driver Application Form

**\*\*PLEASE RETURN WITH COPY OF DECLARATIONS PAGE OF INSURANCE (THE PAGE THAT SHOWS COVERAGE—YOU MUST HAVE THE MINIMUM COVERAGE IN THE HIGHLIGHTED SECTION BELOW) AND A COPY OF YOUR DRIVER'S LICENSE\*\***

**Volunteer Driver Application Form**  
Policy Expires \_\_\_\_\_

**2016/2017 School Year**

We often need 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. **A new Volunteer Driver Application Form must be filled out each school year.**

### Section I – Volunteer Driver Information

Name of Driver #1 \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. \_\_\_\_\_

Name of Driver #2 \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Driver #1 \_\_\_\_\_ Work Driver #2 \_\_\_\_\_

Cell/Driver #1 \_\_\_\_\_ Cell Driver #2 \_\_\_\_\_

Address \_\_\_\_\_

Car/Model/Year #1 \_\_\_\_\_ Car/Model/Year#2 \_\_\_\_\_

# of working seatbelts in car #1 \_\_\_\_\_ How many of those are airbag seats? \_\_\_\_\_ License # car #1 \_\_\_\_\_

# of working seatbelts in car #2 \_\_\_\_\_ How many of those are airbag seats? \_\_\_\_\_ License # car #2 \_\_\_\_\_

**The school requires volunteer drivers to have a 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; and (3) \$50,000-\$100,000 liability for property damage. Amount on this (these) car(s):**

Car #1 Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Uninsured/underinsured motorist coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Car #2 Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Uninsured/underinsured motorist coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Please complete reverse side\*\***

Driver #1 \_\_\_ Yes \_\_\_ No    Driver#2 \_\_\_ Yes \_\_\_ No    Are you licensed to drive a commercial vehicle?  
Driver #1 \_\_\_ Yes \_\_\_ No    Driver#2 \_\_\_ Yes \_\_\_ No    Have you been in an accident in the last 3 years? If you  
answered YES, please describe the accident and its causes on another sheet of paper and attach it to this form.  
Driver #1 \_\_\_ Yes \_\_\_ No    Driver#2 \_\_\_ Yes \_\_\_ No    Have you been ticketed for moving violations within the last  
three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.  
Driver #1 \_\_\_ Yes \_\_\_ No    Driver#2 \_\_\_ Yes \_\_\_ No    Have you 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 vehicle, or driving  
while under suspension or revocation?

### Section II

I (We) certify that for the **2016-2017** school year:

- I(We possess a valid \_\_\_\_\_(state) driver's license. Please attach a photocopy of your driver's license and first page of your car insurance policy(ies).
- I(We) 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 (We) will maintain the minimum insurance coverage required by the school volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverages are in force.
- I(We) understand that in case of any type of accident, injury, or vehicle damage, the school's liability insurance 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. (Note: this is the only coverage that most non-profit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers).
- I(We) 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, change in amount of insurance coverage, termination of insurance, or change in vehicle.
- Students riding in my (our) vehicle(s) will be seated and in both the front and back seat will be secured and individual working seatbelts. (No double belting of children is permitted). As required by state law, I will have all children under the age of 8 secured in a car seat or booster seat in the back seat. Any child under the age of 8 who are 4' 9" or taller may be secured by a safety belt in the back seat. Children who are 8 years and over will be properly secured in an appropriate child passenger restraint system or safety belt.
- To my (our) knowledge, my (our) vehicle is in safe operating conditions.(brakes, tires, etc.)
- I (We) will read and follow the Driver and Chaperone Instructions sheet for the field trip.
- I (We) will notify the school personnel if I (we) no longer wish to drive or if I (we) wish to be removed from the Approved Driver List.

### Section III

I (We) affirm that I (we) will carefully transport students under my (our) care, including obeying all traffic laws. The information given on this form is true and correct to the best of my (our) knowledge.

Signed Driver # 1 \_\_\_\_\_ Date \_\_\_\_\_

Signed Driver #2 \_\_\_\_\_ Date \_\_\_\_\_

### Section IV – School Administration Approval

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved for addition to the school's Approved Driver List

Administrator's

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Remember to attach copies of Insurance Policy showing coverage amounts and Drivers License**