

Providence Christian Academy  
410 DeJarnette Ln.  
Murfreesboro, TN 37130

**Volunteer Driver Application Form** \_\_\_\_\_/\_\_\_\_\_ **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. 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** and your **current vehicle insurance card** to the academy. A new Volunteer Driver Application Form must be completed annually.

**Section 1 – Volunteer Driver Information**

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Number of working seat belts in Car #1 \_\_\_\_\_ License Number for #1: \_\_\_\_\_  
Car #2 \_\_\_\_\_ License Number for #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,
- (3) \$50,000 – 100,000 liability for property damage.

**Amount on each car:**

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

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

\_\_\_\_\_ Yes \_\_\_\_\_ No Are you licensed to drive a **commercial** vehicle?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you been in an **accident** in the last **three** years? If you answered "yes", please describe the infraction on another sheet of paper and attach it to this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you been ticketed for **moving violations** within the last **three** years? If you answered "yes", please describe the infraction on another sheet of paper and attach it to this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you been convicted for **DWI/DUI** of alcohol or drugs, 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 the past 5 years? If “yes”, list the date and type of ticket (DUI; 10-2-01).\_\_\_\_\_

---

## Section II – Requirements for Volunteer Drivers

I certify that for the \_\_\_\_\_/\_\_\_\_\_ school year:

- I possess a valid \_\_\_\_\_ driver’s license. Please attach a photocopy of your **driver’s license** and the **first page of your car insurance policy**.
- 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 for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverage are in force.
- 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, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance or change in vehicle.
- Students riding in my vehicle will be **seated and secured with individual working seatbelts and proper child restraints**. (No double buckling is permitted.)
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- I will read and follow the **Driver and Chaperone Instruction** sheet for the field trip.
- I will notify school personnel if I no longer wish to drive or if I 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. The information given on this form is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Section IV – Academy Administration Approval

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved for addition to the academy’s Approved Driver List.

Administrator’s Signature \_\_\_\_\_ Date \_\_\_\_\_