

Volunteer Driver Application Form

Volunteer Driver Information

Name: _____

Driver License #: _____ Expiration Date: _____

Address: _____ Phone: _____

Car Model/Yr.: _____ License Number: _____

Insurance Company: _____ Policy #: _____

Yes or **No** - Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, reckless or negligent operations of a vehicle, or driving while under suspension or revocation?

The school requires volunteer drivers to have a minimum amount of liability insurance. I understand that in the case of any type of accident, injury, or vehicle damage, the school's liability insurance policy does 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 nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers.)

Students riding in my vehicle will be seated in the back seat and will be secured with individual working seatbelt.

To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.). I affirm that I will carefully transport students obeying all traffic laws. The information given is true and correct to the best of my knowledge.

Signature: _____ Date: _____

After completing all information, please sign and return this form to the Stepping Stones Office or your child's teacher.