

Volunteer Driver Form

Christian Life Academy

2009-2010 School Year

P.O. Box 207, Seneca, PA 16346 814-676-9360

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 willing to help with driving needs during the school year, please present this completed form to the school, **along with your driver's license and your current vehicle insurance card so we may copy them.**

Section I - Volunteer Driver Information

Name: _____ Driver License # _____

Phone: (H) _____ (W) _____ Expiration Date: _____

Address:

Car Model / Yr #1: _____ Number of working seat belts: _____

License number for Car #1: _____

Car Model / Yr #2: _____ Number of working seat belts: _____

License number for Car #2: _____

Section II - Requirements for Volunteer Drivers

I certify that for the 2009-2010 school year:

- I am 23 years or older
- I possess valid Pennsylvania driver's license
- I have not been in a chargeable accident in the last three years
- I have not been ticketed for a moving violation within the last three years
- 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 have not been convicted for DUI of alcohol or drugs, or had my 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

Comment, if necessary: _____

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: _____

Administrator's Signature: _____ Date: _____