

First Presbyterian Academy, Inc. Volunteer Driver Application Form

Thank you for volunteering your time to be a Volunteer Driver for First Presbyterian Academy, Inc. Please fill out this form and return it (along with copies of your driver's license and your current vehicle insurance card) to the school office. A new Volunteer Driver Application Form must be filled out each year.

Section I: Volunteer Driver Information

Name: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ Expiration Date: _____

Car Model/Year: (Car #1) _____ (Car #2) _____

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

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

Amount of insurance on these cars:

Car #1: Insurance Company: _____ Policy #: _____

Liability for bodily injury per person: \$ _____ Liability for bodily injury per incident: \$ _____

Liability for property damage: \$ _____

Underinsured/uninsured motorist coverage? yes no

Car #2: Insurance Company: _____ Policy #: _____

Liability for bodily injury per person: \$ _____ Liability for bodily injury per incident: \$ _____

Liability for property damage: \$ _____

Underinsured/uninsured motorist coverage? yes no

yes no

Have you been in an accident in the last three years? If yes, please describe briefly the accident and its cause on another sheet of paper and attach it to this form.

yes no

Have you been ticketed for a moving violation in the past three years? If yes, please describe infractions on another sheet of paper and attach it to this form.

yes no

Have you ever been convicted for DUI/DWI of alcohol or drugs, or has your license been suspended for moving violations, hit-and-run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? (If you have answered yes to this question, it will prevent you from being a Volunteer Driver for FPA.)

Section II: Requirements for Volunteer Drivers

I certify that for the _____ school year, I possess a valid _____ (state) driver’s license.

I will maintain insurance coverage as required by the school for the vehicle(s) listed in Section I and will only volunteer to drive when such policies are in place.

I understand that in case of any type of accident, injury or vehicular damage, the school’s liability insurance does not provide primary or direct insurance on my vehicle. The school insurance will take effect only after my personal auto insurance limits have been exhausted.

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, nonrenewal of license, termination of license, change of insurance company, change n amounts of insurance coverage, termination of insurance, or change in vehicle.

Students riding in my vehicle(s) will be seated and secured in working seatbelts (no double belting of children is permitted). As required by state law I will have a child restraint seat for each child under the age of 6 or 80 pounds.

To my knowledge, my vehicle is in safe operating condition. (brakes, tires, etc.)

I will read and follow the Driver/Chaperone Guidelines for Field Trips

I will notify the school office 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.

Signature: _____ Date: _____

Section IV: School Administration Approval

_____ Approved _____ Disapproved for addition to the school’s Approved Driver List.

Administrator’s Signature: _____ Date: _____

Name of your student(s) and their grade level:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade