

Immanuel Christian School
Volunteer Driver Form
For Field Trips and Athletic Events
2016-17

List the classes for which
you are willing to drive:

We often depend on the generosity of our parents, grandparents, coaches, etc. in transporting students for field trips and athletic events. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school. Parents should complete the webform on ParentsWeb and non-parents may complete this form. **A new Volunteer Driver Application form must be submitted each school year.** Please return it to Reception when complete.

Section 1 – Volunteer Driver Information
(please print)

Driver #1 _____ Driver's License # _____ State _____
Phone (H) _____ (Cell) _____ License Expiration Date _____
Address _____

☐ **I am certified to drive an IBC shuttle.** (You do not need to be re-certified annually once you have been approved).

☐ **I am interested in being certified to drive an IBC shuttle.** (Both 15-passenger shuttle and 26-passenger shuttles are available and require training. The latter requires a Commercial Driver's License. To be trained, please contact Rich Bates at bates@immanuelbible.net to schedule an appointment for certification and to be listed on the IBC insurance to drive an IBC vehicle.)

Driver #2 _____ Driver's License # _____ State _____
Phone (H) _____ (Cell) _____ License Expiration Date _____
Address _____

☐ **I am certified to drive an IBC shuttle.** (You do not need to be re-certified annually once you have been approved).

☐ **I am interested in being certified to drive an IBC shuttle.** (Both 15-passenger shuttle and 26-passenger shuttles are available and require training. The latter requires a Commercial Driver's License. To be trained, please contact Rich Bates at bates@immanuelbible.net to schedule an appointment for certification and to be listed on the IBC insurance to drive an IBC vehicle. Additional paperwork will be required for the IBC vehicle insurance.)

Name of student(s) and class(es) you will be driving for if applicable: _____

Vehicle #1:

Yr/Model _____ License # _____ # of Working Seatbelts _____

Vehicle #2:

Yr/Model _____ License # _____ # of Working Seatbelts _____

ICS only requires drivers to have the minimum amount of liability insurance as required by Virginia: (1) \$100,000 liability per person for bodily injury; (2) \$200,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000 liability for property damage. However, please be aware that the Association of Christian Schools International recommends that individuals carry \$300,000 liability per incident for bodily injury as a volunteer driver for school activities.

Section 2 – Requirements for Volunteer Drivers

#1 ___ Yes ___ No Are you licensed to drive a commercial vehicle?

#2 ___ Yes ___ No

- #1 ___ Yes ___ No Have you been in an accident in the last three years? If you answer YES, please describe the accident and its cause on another sheet of paper and attach it to this form. Answering YES doesn't automatically disqualify an individual from driving.
- #2 ___ Yes ___ No
- #1 ___ 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. Answering YES doesn't automatically disqualify an individual from driving.
- #2 ___ Yes ___ No
- #1 ___ 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 a vehicle, or driving while under suspension or revocation? [Note: Our school will not be able to use volunteers with a "yes" answer even if the incident took place before the person became a Christian.]
- #2 ___ Yes ___ No

I certify that for the current school year:

- I possess a valid driver's license.
- I possess the Virginia required minimum amount of automobile liability insurance (see front for amount).
- 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 1 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. 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.)
- I will advise the school of any change 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 in amounts of insurance coverage, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated and in both the front (only if no airbag is present) and back seat will be secured with individual working seatbelts (No double belting of children is permitted.)
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- I will read and follow the Driver and Chaperone Instructions sheet given by the teacher at the time of the 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 3 – Declaration and Signature

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

#1 Signed _____ Date _____

#2 Signed _____ Date _____

Section 4 – Immanuel Christian School Review *(Office Use Only)*

___ Reviewed & Accepted ___ Additional Information Needed ___ Not Accepted

Date _____