

# Volunteer Driver Application Form 2018-2019



LUTHERAN HIGH SCHOOL LA VERNE  
3960 Fruit Street La Verne, CA 91750 (909) 593-4494

The purpose of this form is to reduce the liability of the school and our volunteer drivers by being proactive in our selection and approval of parent drivers who assist with transportation for field trips, athletic events and other off-site activities. If you are interested in helping with transportation during the school year, **please fill out this form and return it (along with copies of your current vehicle insurance cards and license) to the LHSLV office.**

## A new Volunteer Driver Application Form must be filled out each school year.

### Section 1 – Volunteer Driver Information

Student(s) Driver Is Related To: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Driver #1 : \_\_\_\_\_ Birth date: \_\_\_\_\_  
Driver License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address: \_\_\_\_\_

Driver #2 : \_\_\_\_\_ Birth date: \_\_\_\_\_  
Driver License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address (if different) \_\_\_\_\_

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

License Plate: \_\_\_\_\_

Insured by \_\_\_\_\_ Phone # \_\_\_\_\_

Person bodily injury coverage? Y\_\_ N\_\_ Property damage coverage? Y\_\_ N\_\_

Uninsured/underinsured motorist coverage? Y\_\_ N\_\_

Number of students this vehicle can safely transport: \_\_\_\_\_

**(each student must have their own working seat belt)**

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

License Plate: \_\_\_\_\_ Insured by \_\_\_\_\_

Phone # \_\_\_\_\_

Person bodily injury coverage? Y\_\_\_\_\_ N \_\_\_\_\_ Property damage coverage? Y\_\_ N \_\_\_\_\_

Uninsured/underinsured motorist coverage? Y\_\_ N\_\_

Number of students this vehicle can safely transport: \_\_\_\_\_

**(each student must have their own working seat belt)**

*The school requires volunteer drivers to have a minimum amount of liability insurance.*



- |  | Driver #1 | Driver #2 |
|--|-----------|-----------|
| 1. Are you licensed to drive a commercial vehicle?   | _____     | _____     |
| 2. Have you been in an accident in the last 3 years? | _____     | _____     |

***If YES, please describe the accident and its cause on another sheet of paper and attach it to this form.***

3. Have you been ticketed for moving violations within the last 3 years? If YES, please describe this infraction on another sheet of paper and attach it to this form. \_\_\_\_\_
4. 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 of revocation? \_\_\_\_\_  
***(Note: LHSLV will not be able to use volunteers with a "yes" answer.)***

### Section II – Requirements for Volunteer Drivers

I certify for this school year:

- I possess a valid California's driver's license. **Please attach photocopies of your driver's license and vehicle insurance card(s).**
- 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 your 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. The school requires volunteer drivers to have a minimum amount of (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-\$1000,000 liability for property damage.
- 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 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(s) will be seated and in both the front 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 for the field trip.
- I will notify school personnel if I no longer wish to drive if I wish to be removed 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.

Driver #1 \_\_\_\_\_ Date: \_\_\_\_\_

Driver #2 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **I/We have attached a copy of my/our current vehicle insurance card(s) and drivers License .**

\_\_\_\_\_ **I/We have signed and dated this form.**