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Volunteer Driver Application Form

School Year
/

From time to time, we need help in transporting students for field trips or sporting events. This form serves to screen and select drivers for such instances, as well as reduce liability for the academy and our families. Before you may be a volunteer driver for the school, you must submit this form along with your current automobile insurance card & driver's license. An updated form must be completed for each school year.

SECTION I - Driver

Driver's Information			
Driver's Name:		Cell Phone:	
Driver's License #:		State:	Expiration Date: / /
Street Address:			
City, State, Zip:			
Are you licensed to operate a commercial vehicle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been in an accident in the last 3 years? If YES, please describe the accident and it's cause on another sheet of paper and attach it to this form.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been ticketed for moving violations within the last 3 years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a DWI / DUI of alcohol or drugs, or had your license suspended for moving violations, hit & run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? <i>*ACA will not be able to use volunteer drivers with any of these violations, even if the incident took place prior to becoming a Christian.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II - Vehicle(s)

Vehicle 1 Information		
Manufacturer:	Model:	Year:
# of FRONT seats w/ working seat belts:	# of BACK seats w/ working seat belts:	
License Plate:	State:	
Vehicle 2 Information		
Manufacturer:	Model:	Year:
# of FRONT seats w/ working seat belts:	# of BACK seats w/ working seat belts:	
License Plate:	State:	

Please complete Sections III - V on reverse.

— OFFICE USE ONLY —	Date Received	Insurance Info	Driver's License	Administrator Approval	Date

SECTION III - Insurance

We require that individuals transporting students for school events have a minimum amount of liability insurance:

(1) \$100,000 liability for bodily injury per person (2) \$300,000 liability per incident for bodily injury for all vehicle occupants (3) \$50,000 - \$100,000 liability for property damage. Please list the coverage amount on the vehicles listed herein:

Vehicle 1		
Insurance Company:	Policy #:	
(1) \$	(2) \$	(3) \$
Do you have uninsured / underinsured motorist coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle 2		
Insurance Company:	Policy #:	
(1) \$	(2) \$	(3) \$
Do you have uninsured / underinsured motorist coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION IV - Requirements

Please initial each item to certify for the _____ \ _____ school year:

I possess a valid _____ (state) Driver's License

I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting 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 I, and only volunteer to drive when such insurance policies and coverages are in force.

I understand that in case of any accident, injury, or vehicle damage, that 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 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 both front and back seat passengers will be secured with individual, working seatbelts. (No double belting is permitted.) As required by state law, I will verify that all children requiring booster/ child safety seats will be secured as such. *PA law states: Children from age 4 up to age 8 must be restrained in an appropriate booster seat. Children from age 8 up to age 18 must be in a regular seat with belt fastened. Children ages 12 and under should not ride in the front seat.*

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

I will read and follow the Driver & Chaperone Instruction Sheet for the field trip.

I will notify school personnel if I no longer wish to drive for future field trips or if I wish to be removed from the Approved Driver List.

SECTION V - Declaration & 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.

Signed: _____ Date: _____