



WEBSTERVILLE CHRISTIAN ACADEMY

Discovering Purpose, Realizing Potential, Living Powerfully

VOLUNTEER DRIVER APPLICATION FORM

____ / ____ School Year

Section I – Volunteer Driver Information

Name: _____ Today's Date: _____

Home Phone: (____) ____ - ____ Work/Cell Phone: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____ Exp. Date: __ / __ / __

(Vehicle #1) Model: _____ Year: _____ Plate #: _____ # of seat belts: _____

(Vehicle #2) Model: _____ Year: _____ Plate #: _____ # of seat belts: _____

WCA requires volunteer drivers to have a minimum amount of liability insurance. (1) \$100,000.00 liability per person for bodily injury. (2) \$300,000.00 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000.00 - \$100,000.00 liability for property damage. Please indicate the amount on these vehicles:

(Vehicle #1) Insurance Company: _____ Policy #: _____

(1) \$ _____ (2) \$ _____ (3) \$ _____

(Vehicle #2) Insurance Company: _____ Policy #: _____

(2) \$ _____ (2) \$ _____ (3) \$ _____

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

Have you been in an accident in the last three years? Yes ___ No ___

If you answered YES, please describe the accident: _____

Have you been convicted for DWI/DUI or had your licensed suspended or revoked for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? Yes ____ No ____ (Note: If you answered yes to this question, you will not be allowed to drive any WCA students.) ***Please include a copy of insurance card and license with this form.**

Section II – Requirements for Volunteer Drivers: I certify that for the _____ / _____ School Year

- I possess a valid _____ (State) Driver’s License. *Please attach a photocopy of your Driver’s License and first page of your car insurance policy (ies).*
- I will contact my automobile insurance agent to ascertain whether 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’s required by WCA for volunteer drivers as listed in (Section I). I will only drive when such policies are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, the schools liability insurance does not provide primary or direct insurance on my vehicle. The schools liability insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is the only coverage that most nonprofit organizations carry 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 an auto accident in which I am cited, any citations for moving violations, no renewal of license, termination of license, change of insurance company, change in the amounts of insurance coverage, termination of insurance, or change in vehicle.
- Students riding in my vehicle will be seated and will be secured with individual working seatbelts. (No double belting of students is permitted). If your vehicle is equipped with air bags, only those children of correct size will be allowed to ride in the front seat.
- To my knowledge, my vehicle is in safe operating condition.
- I will notify WCA if I no longer wish to drive or if I wish to be removed from the approved drivers list.

Section III – Declaration and Signature:

I affirm that I will carefully transport students under my care, 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 ____

Head of School Signature: _____ **Date:** _____