



## Volunteer Driver Application Form

HCA often needs help in transporting students on field trips. Our school parents have been generous in their assistance. The purpose of this form is to reduce liability of the school and the driver by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it, **along with a copy of your driver's license, your current vehicle declarations page from your insurance company, and a signed HCA Harassment Policy**, to the front office. A new volunteer form must be filled out **each new school year**.

### Section I – Volunteer Driver Information

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Phone # (home/cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, MI  
Teacher(s) or grades for which you are willing to drive this year \_\_\_\_\_

- 1. \_\_\_ Yes \_\_\_ No Are you licensed to drive a commercial vehicle (CDL)?
- 2. \_\_\_ Yes \_\_\_ No Have you been in an accident in the last three years? If yes, please describe the accident & its cause on another sheet of paper.
- 3. \_\_\_ Yes \_\_\_ No Have you been ticketed for a moving violation within the last three years? If yes, please describe them on another sheet of paper.
- 4. \_\_\_ Yes \_\_\_ No Have you ever been convicted of a DWI/DUI of alcohol or drugs, or had your license suspended for moving violation, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? If yes, please give the date and describe the incident on another sheet of paper?

### Section II – Insurance Information on Each Vehicle You May Be Driving on a Field Trip

Volunteer drivers should have a minimum amount of liability insurance.

- (1) \$100,000 liability per person for bodily injury,
- (2) \$300,000 liability per incident for bodily injury, and
- (3) \$50,000-\$100,000 liability for property damage.

#### Vehicle # 1

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_  
Number of working seat belts \_\_\_\_\_ Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_  
Amount of liability insurance per person for bodily injury \$ \_\_\_\_\_  
Amount of liability per incident for bodily injury \$ \_\_\_\_\_  
Amount of liability for property damage \$ \_\_\_\_\_  
Do you have uninsured motorist coverage? \_\_\_ Yes \_\_\_ No

**OVER >>>**

**Vehicle # 2**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_  
Number of working seat belts \_\_\_\_\_ Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_  
Amount of liability insurance per person for bodily injury \$ \_\_\_\_\_  
Amount of liability per incident for bodily injury \$ \_\_\_\_\_  
Amount of liability for property damage \$ \_\_\_\_\_  
Do you have uninsured motorist coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Section III – Requirements for Volunteer Drivers**

I certify that:

- I possess a valid Michigan Driver’s License. Please attach a copy of your driver’s license and the declarations page of your insurance policy or policies.
- 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 as a volunteer driver.
- I will maintain the minimum insurance coverage suggested by the school for volunteer vehicles listed in Section I and only volunteer to drive when such insurance policies are in force.
- I understand that in the case of any type of an accident, injury, or vehicle damage, the school’s liability insurance coverage does not provide primary or direct insurance on my vehicle.
- I will advise the school of any change in the information provided in this form including, but not limited to, the following:

Involvement in a car accident in which I am cited, change of insurance coverage, non-renewal of license, termination of license, change in amount of insurance coverage, termination of insurance, or change of vehicle.

- Students riding in vehicles will be seated and be secured with individual working belts in both the front and back seats. (No double belting of children is permitted.) As required by Michigan state law, children will be properly buckled in a car seat or booster seat until they are 8 years old or 4-feet-9-inches tall, whichever comes first.
- 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 or if I wish to be removed from the Approved Driver List.
- I will fill out an Incident Report in the school office should an accident occur.

**Section IV – 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 and have included the following items with this form:

- Copy of Driver’s License
- Current Declaration Page from Insurance company (to verify the liability numbers above)
- HCA Harassment Policy

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section V – School Administration Approval**

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_