



Covenant Love Community School
Volunteer Driver Application Form

Please complete this form and return it with copies of your driver's license and current vehicle insurance card to the CLC School office. We will need a new copy of your current insurance card each year and whenever it changes.

Section 1 – Driver & Vehicle Information:

NAME: _____

Phone # (cell): _____ (work) _____ (home) _____

Address: _____

Car #1 Model & Year _____ # of Working seat belts _____ License plate # _____

Registration card COPY _____ Inspection Expiration date _____

Car #2 Model & Year _____ # of Working seat belts _____ License plate # _____

Registration card COPY _____ Inspection Expiration date _____

Yes No Have you been in an accident in the last three years? If "yes" please describe on a separate page and attach to this form.

Yes No Have you been ticketed for a moving violation within the last three years? If "yes" please describe on a separate page and attach to this form

Yes No Have you been convicted of 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?

Section 2 – Requirements for Volunteer Drivers:

I certify that:

- I possess a valid New York State driver's license.
I will contact my insurance agent to ascertain if there are any liability 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 vehicles listed in Section 1 and only volunteer to drive when such insurance policies and coverages are in force.
To my knowledge my vehicle is in safe operating condition.
Students riding in my vehicle(s) will be seated and secured with individual, working seat belts. As required by law I will use child restraining seats for each child needing one.
I will advise the school of any change of information provided on this form including but not limited to, involvement in an accident, tickets, change of vehicle, change of insurance company, suspension of license.
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.

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: _____

School Administration Approval:

Approved Disapproved for addition to the school's Approved Driver's List

Admin Signature: _____ Date _____

COPIES INCLUDED: Driver's License _____ Insurance card(s) _____ Registration Card(s) _____