



Volunteer Driver Application Form

_____ / _____ School Year

This form is to be filled out by those SCA parents who are willing to transport SCA students to and from school activities. Completion of this form will permit the driver to transport students for any and all school events. Please complete this form in its entirety. Additionally, a copy of the driver's current insurance card and valid license must be submitted with this form.

Section 1: Volunteer Driver Information

Name: _____

Phone (Home): _____ Phone (Work): _____

Address: _____

Driver's License #: _____ Expiration Date: _____

Vehicle #1

Make: _____ Model: _____ Year: _____

License Plate #: _____ Number of Passenger Seat Belts: _____

Vehicle #2

Make: _____ Model: _____ Year: _____

License Plate #: _____ Number of Passenger Seat Belts: _____

**** SCA requires volunteer drivers to have a valid driver's license and, at minimum, the minimal state required auto liability insurance policy.***

Yes ____ No ____ Do you possess a valid commercial driver's license?

Yes ____ No ____ Have you been involved in an accident in the past three years? If yes, please describe the accident and indicate who was cited as the "at fault" party. You may use the back of this form to answer this question if necessary.

Yes ____ No ____ Have you received a moving violation citation in the past three years? If yes, please indicate the reason for the citation.

Yes ____ No ____ Have you been convicted of a DUI/DWI in the past ten years?

Yes ____ No ____ Have you had your license suspended or revoked in the last ten years?

Section 2: Requirements for Volunteers

I certify that for the _____ / _____ school year:

- I possess a current, valid, Ohio (or other state _____) driver's license. Please attach a photocopy of your driver's license.
- I will advise the school upon expiration of my driver's license and insurance policy so that a current copy may be kept on file with the school.
- 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 school trip that might affect my ability to meet the qualifications for a volunteer driver.
- I understand that in the event of any type of accident, injury, or vehicle damage, the school's liability insurance policy does not provide primary or direct insurance on any volunteer's vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted.
- I will advise the school of any change regarding the information provided on this form. This includes, but not limited to, involvement in a motor vehicle accident, any accident or moving violation citations, expiration, non-renewal, or driver's license suspension, change of insurance companies, insurance policy changes, or any changes in vehicles being used.
- I will drive in a safe manner, obeying all motor vehicle laws while transporting students.
- Students riding in my vehicle will be seated and will be secured with an individual working seatbelt, or if required by state law due to size requirements, a booster/car seat. Students must use a booster seat until they are 8 years old or until they are 4'9" tall.
- Students age 12 and under may not ride in the passenger front seat with an operating air bag.
- I will ensure that my vehicle is in safe operating condition.
- I have read through and agree to follow the Driver and Chaperone Instructions sheet.
- I will notify the school if I no longer wish to drive and/or wish to be removed from the Approved Driver's List.

Section 3: Declaration and Signature

I affirm that I will carefully transport students under my care. The information provided on this form is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____