## **CROSSPOINT CHRISTIAN SCHOOL**

## Volunteer Driver Form

Name on L	Oriver's License			
Issuing Sta	ate: License #		Exp. Date	
Cell Phone	; #	Ins. Policy #		
Auto Insura	ance Carrier			
Liability Co	overage: Bodily injury	per person \$		
	Bodily injury	all occupants \$		
	Property Da	ımage \$		
Agent		Phone #		
List cars th	at may be driven by volu	nteer:		
<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License #</u>	
Certification	on (Provide details of bac	ck for any item not checked)		
☐ I certify	that the driver's license li	isted above is valid		
☐ I have r	not been in an accident in	the last three years		
☐ I have r	not been ticketed for a mo	oving violation within the last thre	e years	
☐ I have r	never been convicted for	DWI/DUI of alcohol or drugs		
eluding	I have never had my license suspended or revoked for moving violations, hit and run eluding an officer, reckless or negligent operation of a vehicle or driving while unde suspension or revocation.			
exclusio	I will contact my insurance agent to ascertain whether there are any liability policy limits of exclusions regarding transporting other students or faculty members that might affect mability to qualify as a volunteer driver.			
	I will maintain the minimum coverages required by the school for the vehicles listed above and only volunteer to drive when such policies and coverages are in force.			
	I understand that in case of any type of accident, injury or vehicle damage, the school liability insurance does not provide primary insurance on my vehicle.			
☐ I will ad	I will advise the school of any change in information provided on this form			
	Students riding in my vehicle will be seated and wearing a working seatbelt at all times. A appropriate child safety seat will be used as required by state law.			
☐ To my l	To my knowledge, my vehicle is in safe operating condition.			
☐ I affirm	I affirm that I will carefully transport students under my care, obeying all traffic laws.			
Signature			Date Signed	