

DRIVER APPLICATION FORM

The purpose of this form is to reduce the liability of the school and our volunteer drivers by being proactive in our selection of drivers for student transportation. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school office along with copies of your valid California driver's license and the declarations page of your vehicle insurance policy (should include coverage amounts). A new Driver Application form must be filled out each year.

SECTION I – Driver Information

Name: _____ Address: _____

Phone: (H) _____ (C) _____ (W) _____

CA Driver's License # _____ Exp Date: _____

Vehicle #1

Color/ Make/Model/Year: _____

License #: _____ Number of working seat belts: _____

Insurance Company: _____ Policy #: _____

Uninsured/Underinsured motorist coverage? Yes: _____ No: _____

SCCLC Learner name(s):

Vehicle #2

Color/ Make/Model/Year: _____

License #: _____ Number of working seat belts: _____

Insurance Company: _____ Policy #: _____

Uninsured/Underinsured motorist coverage? Yes: _____ No: _____

SECTION II – Driver History

PLEASE ANSWER ALL OF THE QUESTIONS BELOW:

____ YES ____ NO Have you been in an accident in the last three years? (A "yes" answer does not automatically disqualify you as a driver.) If yes, please explain the accident and its cause below.

____ YES ____ NO Any moving violations in the past three years? Please describe infractions below, if any.

____ YES ____ NO Have you been convicted for DWI/DUI of alcohol or drugs? If yes, please list the date of the offense(s).

____ YES ____ NO Have you ever had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?

DISCLAIMER: This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions. You are encouraged to retain your own expert consultants and legal advisors in order to develop a risk management plan specific to your Charter School.

SECTION III – Requirements for Drivers

I certify that:

1. I possess a valid California driver’s license.
2. I have valid auto insurance in at least the following amounts:
 - \$100,000 for personal injury to, or death of, one person,
 - \$300,000 for personal injury to two or more persons in one accident, and
 - \$50,000 for property damage;
3. I understand that in case of any type of accident, injury, or vehicle damage, Charter School’s liability insurance policy DOES NOT provide primary or direct insurance on my vehicle. Charter School’s insurance will take effect only after my personal auto insurance limits are exhausted. I will advise Charter School of any change in information provided on this form, including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.
4. The number of individuals riding in my vehicle(s) will not exceed the number of passengers the vehicle is designed to carry or the number of working seat belts.
5. Students will be in their own seats and secured with individual working seat belts. (No double belting of children is permitted)
6. No children under the age of 12 will ride in the front passenger seat. (Exception: If you are driving your own 7th/8th grader and have signed a Front Seat Waiver, your chld may ride in the front seat.
7. Students will not be left unattended in the vehicle.
8. I will maintain my vehicle(s) in safe operating conditions (brakes, tires, etc.)
9. I will operate my vehicle(s) in a safe manner, including NOT using a cell phone while driving.
10. I will read and follow the instructions for driving and chaperoning students provided by the sponsoring teacher of the field trip.
11. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

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 belief.

Signature

Date

SECTION V – School Administration Approval

___ Approved for placement on the Charter School’s Approved Driver List

___ Denied placement on the Charter School’s Approved Driver List

Signature of Director/Designee: _____ Date: _____

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