

**Appendix 6A**  
**GRACE CHRISTIAN SCHOOL**  
**Volunteer Driver Application Form**  
Form Last Updated: June, 2024

**School Year:** \_\_\_\_\_

We often need help in transporting students on field trips or for sports events. Our school staff and parents have been generous in their assistance. The purpose of this form is to reduce the potential liability for both the school and volunteer drivers and maximize the safety potential of our students by being proactive in our selection of volunteer drivers. If you are interested in helping with such needs during the school year, please complete this form and return it to the school. You must be 25 or have at least 5 years of driving experience to drive. A new "Volunteer Driver Application Form" must be filled out annually.

**Section I – Volunteer Driver Information** (Please Print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is this a commercial Driver's License? \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Number of working seat belts in car(s) being used to transport GCS students: Vehicle 1: \_\_\_\_\_ Vehicle 2: \_\_\_\_\_

*\*The school requires volunteer drivers to have a minimum amount of liability insurance, as follows: (1) \$100,000 liability per person for bodily injury; (2) \$300,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000-\$100,000 liability for property damage.*

Do you meet these minimum insurance qualifications? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

Has your license been revoked, suspended, or restricted for any reason in the last five years? If you answered YES, please describe the reason on the reverse side of this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been charged or ticketed due to an accident in the last three years? If you answered YES, please describe the accident and its cause on the reverse side of this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been ticketed for moving violations (speeding, failure to signal, running a stop light, etc.) within the last three years? If you answered YES, please describe the infractions on the reverse side of this form.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted for DWI/DUI or any alcohol or drug-related charges (even if not related to driving) or 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? (Individuals who answer YES are not eligible to transport GCS students.)

Driving history may be verified through the use of public records.

**Section II – Requirements for Volunteer Drivers**

I certify that for the current School Year:

- I possess a valid Virginia state driver’s license and have been continuously licensed for the past three years.
- I will contact my insurance agent to ascertain 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 GCS requirements for a volunteer driver.
- I will maintain the minimum insurance coverage required by the school for volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverages are in force.
- I have not had any insurance company cancel my automobile coverage or refuse to provide personal automobile insurance.
- I do not have any physical or visual impairment (other than the use of corrective glasses).
- I will advise the school of any change in the 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 licenses, termination of the license, change of insurance company, change in the amount of insurance coverage, termination of insurance, drug or alcohol-related charges, etc.
- **I agree not to use my cell phone while driving students to and from events.**
- Students riding in my vehicle(s) will be seated, and the front and back seats will be secured with individual working seatbelts. (No double belting of children is permitted.)
- My vehicle is in safe operating condition (brakes, tires, etc.).

**Section III – Declaration and Signature**

I affirm that I will carefully transport students under my care, including obeying all traffic laws.

The information provided on this form is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Section IV – School Administration Approval**

Approved     Disapproved for addition to the school’s Approved Driver List.

Administrator’s Signature

Signed: \_\_\_\_\_ Date: \_\_\_\_\_