

Cornerstone Christian Academy

Driver Application Form

Confidential

The purpose of this form is to protect those participating in school activities by being selective in the designation of persons authorized to drive school vans and-or personal vehicles for school sponsored trips. Please fill out this form and return it, along with copies of your driver's license and your current vehicle insurance declaration page to Cornerstone. A new Volunteer Driver Application Form must be completed each calendar year. All references to **School** in this application means Cornerstone Christian Academy of Sycamore, IL.

By signing and submitting this application, you grant the school permission and authorization to verify any information provided in this application and to conduct any driver or criminal record check deemed appropriate by the school.

Section I: Personal Information

Name _____

Driver's License # _____

(Last, First, Middle)

Expiration Date _____

Address _____

Phone#: _____

City _____ State _____ Zip _____

Number Years Driving Experience _____

Sections 2&3 are required for use of private vehicles by Volunteer Drivers.

Section 2: Vehicle Information (list any owned vehicles that may be used by you in transport for school sponsored events)

Model/Year

License Plate #

#Working Seatbelts

Vehicle #1 _____

Vehicle #2 _____

Section 3: Insurance Information

The school requires volunteer drivers of private vehicles to have a minimum amount of liability insurance. (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.

Please list for all vehicles above: **Attach a copy of your policy's declarations page. If each car has a separate policy, attach copies for each.**

Insurance Company Policy # _____

Agent Phone # _____

Bodily Injury Liability Limit _____ Property Damage Liability Limit _____

Section 4: Driving Record Information

Please answer the following. If answering yes, please attach a sheet to this form describing the nature of the ticket(s), infraction(s), or accident(s) with cause. Note: The school may not use volunteers who answer yes to any of the following:

Yes ___ No ___ Have you been in an accident within the last five (5) years?

Yes ___ No ___ Have you been ticketed for moving violations within the last five (5) years?

Yes ___ No ___ Have you been convicted or has your license been revoked or suspended within the past three years for:

___ Reckless or negligent operation of a vehicle

___ Permitting an unlicensed person to drive

___ Driving while under license suspension or revocation

___ DWI/DUI of alcohol or drugs

___ Using any motor vehicle in the commission of a felony

___ Unlawfully leaving the scene of an accident

___ Unlawfully transporting a controlled substance or hazardous material

___ Eluding an officer

___ Negligent homicide or aggravated assault arising out of the use of a motor vehicle

___ Hit and run

___ Operating a vehicle without owner's authority (grand theft)

___ Multiple moving violations

(If your answer is "yes", please indicate why by checking the appropriate responses.)

Section 5: Drivers Requirements and Declarations

Please check all accurate statements.

I certify that for the school year ___ - ___ for which I have volunteered to be a driver that: I possess a valid driver’s license from the state of _____.

Please attach copy of your Driver’s License.

___ I will maintain the minimum insurance coverage required by the school for volunteer vehicle(s) listed in Vehicle Information and only volunteer to drive when such insurance policies and coverage listed in Insurance Information are in force. (Required for everyone using their own vehicle to transport persons on school trips.)

___ When driving a privately owned vehicle, I understand that in case of any accident, injury, or vehicle damage, the school’s liability insurance policy does not provide primary or direct insurance on my vehicles. The school’s insurance may take effect only after my personal auto limits are exhausted and does not provide any comprehensive or collision coverage on my vehicle(s). I also understand and acknowledge that any additional automobile liability insurance protection that may be provided under the school’s comprehensive general liability insurance policy is only for authorized drivers while transporting passengers in privately-owned vehicles on school sponsored or sanctioned events. I understand that the school’s insurance is only for an amount in excess of the limit of liability provided by the private vehicle owner’s or driver’s liability insurance policy. Damage to any private vehicle, including the owner’s, is the responsibility of the volunteer driver.

___ To my knowledge, my vehicle has a current, valid registration, and is in safe operating condition (brakes, tires, etc.), complies with all applicable state laws in the state in which it is registered for vehicle inspections, and has a current, valid inspection sticker (if required by state law).

___ I am in good physical and mental health, it is safe for me to drive and neither my driver’s license nor my ability to operate a vehicle is limited by any medical, physical, or emotional restriction or condition.

___ I am at least 25 and not over 70 years old (or have the school’s approval), and have a good driving record with at least five (5) years of extensive driving experience.

___ I understand that, if approved as a Volunteer Driver, I have a continuing obligation to advise the 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. I will promptly provide this information.

___ Persons in my vehicle will be seated and secured with individual working seatbelts in both the front and back seats. (No double belting is permitted.)

___ I will comply with Illinois laws, and the laws of other states in which I travel on a school trip, with regards to use and security of child restraint seats, lap/shoulder belt seating positions, restrictions on use of booster seats or other safety systems (including, but not limited to occupancy and seat facing designations for seats exposed to air bags).

___ I will comply with the Driver Policy, a copy of which will be provided to me, if my application to be a Volunteer Driver is accepted.

___ I affirm that I will carefully transport all persons under my care, including obeying all traffic laws and the school transportation policy.

In signing this form I certify that the information given by me on this form is true and correct to the best of my knowledge, and grant the school permission to obtain a copy of my motor vehicle driving record and to conduct any driver or criminal record check deemed appropriate by the school. I release Cornerstone Christian Academy of Sycamore, IL and /or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

Driver’s Signature _____ Date _____

Vehicle Owner’s Signature (if different) _____ Date _____

(For school use only)

___ Approved for addition to CCA Volunteer Driving List

___ Declined

Administrator’s Signature _____ Date _____