

VOLUNTEER DRIVER AGREEMENT
2010-2011

(Driver Name: LAST, First)

You have agreed to transport students of Lifegate Christian School to a field trip function or for some other school approved purpose. Please be aware that in the event of an accident, your insurance will be the primary coverage. The school's insurance will take effect only after your personal auto insurance limits are exhausted.

In order to serve as a volunteer driver, you will be required to complete the following forms and provide copies of the requested documents before driving for any school field trip or outing:

1. Driver Agreement
2. Volunteer Application
3. Copy of current Oregon driver's license
4. Copy of Insurance declaration page listing the following minimum coverage:
(1) \$100,000 liability per person for bodily injury
(2) \$300,000 liability per incident for bodily injury for all vehicle occupations
(3) \$50,000-\$100,000 liability for property damage

1st Automobile

Make/Model: _____ Year: _____ Color: _____

License Plate#: _____ Number of working seat belts: _____

Insurance Co.: _____ Policy:# _____ Expiration date: _____

- I verify that the coverage listed in Item #4 above is carried on this vehicle _____ (please initial)
- Uninsured/underinsured motorist coverage? [] Yes [] No

2nd Automobile

Make/Model: _____ Year: _____ Color: _____

License Plate#: _____ Number of working seat belts: _____

Insurance Co.: _____ Policy:# _____ Expiration date: _____

- I verify that the coverage listed in Item #4 above is carried on this vehicle _____ (please initial)
- Uninsured/underinsured motorist coverage? [] Yes [] No

- [] Yes [] No Are you licensed to drive a commercial vehicle?
- [] Yes [] No Have you been in an accident in the last three years? If YES, please describe the accident and its cause on another sheet of paper and attach it to this form.
- [] Yes [] No Have you been ticketed for moving violations within the last three years? If Yes, please describe the infractions on another sheet of paper and attach to this form.
- [] Yes [] No Have you been convicted for DWI/DUI of alcohol or drugs, 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?

I affirm that:

- I possess a valid Oregon state driver's license
- I will maintain the minimum insurance coverage required as stated above
- I will advise the school of any change in information: renewal of driver's license and insurance coverage
- I will transport only the amount of students as I have working seatbelts, (No double belting is permitted)
- I will carefully transport students under my care, including obeying all traffic laws.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc)
- I will notify school personnel if I no longer wish to drive or if I wish to be removed from the approved driver list
- The information given on this form is true and correct to the best of my knowledge

Driver's Signature

Date