

North Raleigh Christian Academy

7300 Perry Creek Road, Raleigh, NC 27616 • (919) 573-7900 Office • (919) 573-7901 Fax **nrcaknights.com**

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Volunteer Driver Application 2024/2025

We need help in transporting students on field trips. Our school parents have been generous in their assistance. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school.

- Volunteer Driver Application must be submitted each year with re-enrollment.
- When driver's license and insurance coverage expire, updated copies must be submitted.

Please attach: (REQUIRED ANNUALLY)

- Copy of your driver's license
- Proof of insurance (including the amount and dates of coverage)

• Non o	certified MVR record (\$	10) available at <u>l</u>	<u>ıttps:</u>	://www.ncdot.g	gov/dmv/P	ages/de	efault.aspx	
Section 1 - V	olunteer Driver Infor	mation						
Name:								
Home Phone	Phone: Work Phone:							
Address:								
							1	
Driver		Expira	tion		DO	OB		
License #		Date						
	CAD # 4		1 Г			AR # 2	<u> </u>	
Model	CAR # 1		-	Model	<u> </u>	AR # 2		
Model			∤ ⊢	Year				
Year			∤ ⊢					
Tag #			4 F	Tag #				
# of working seat belts			1 1	# of working seat belts				
air bags	Yes	No	∤ ⊢	air bags		Ye	<u> </u>	No
all bags	165	110] L	ali bays		10	<u> </u>	140
Yes	No Have you bee:	n in an accident i	in the	e last three vea	rs? If vou	answe	red YES, r	olease describe
	d its cause on another sh			•	•		,1	
Yes			_				years? If	you answered
YES, please des	scribe the infractions on	another sheet of	pape	er and attach it	to this for	m.		
Yes	No. Have you bee	n convicted for I)WI/	DIII of alcoho	l or drugs	or had	vour licer	nse suspended
	ations, hit and run, elud							
	on or revocation? (Note:							
-	k place before the perso						•	

Section II – Insurance Information

The school requires volunteer drivers 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. Amount on this (these) car(s):

CAR # 1		
Liability 1	\$	
Liability 2	\$	
Liability 3	\$	
Uninsured/under insured motorist coverage?	Yes No	

CAR # 2		
Liability 1	\$	
Liability 2	\$	
Liability 3	\$	
Uninsured/under insured motorist coverage?	Yes No	

Insurance Company	
Policy #	

Section III - Requirements for Volunteer Drivers

Parents who transport students by school bus or personal vehicle. Volunteer Application, Lobby Guard, Background and Department of Motor Vehicle Checks are required.

I certify that for the _____ school year:

- I possess a valid _____(state) driver's license. Please attach a photocopy of your driver's license.
- I will contact my insurance agents to ascertain if there are 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 qualifications for a volunteer driver.
- I will maintain the minimum insurance coverages 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 will 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 of vehicle.
- Students riding in my vehicle(s) will be seated and in both the front and back seat will be secured with individual working seat belts. (No double belting of children is permitted.) If my car is equipped with air bags I will not allow children to ride in the front seat. As required by state law, I will have a child restraint seat (car seat) for each child under age 8 and under 80 pounds.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)
- I will read and follow the Driver and Chaperone Instructions sheet for the field trip.
- 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.

Signed: I	Date:
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