

**CHICO COUNTRY DAY SCHOOL**  
**VOLUNTEER FIELD TRIP DRIVER APPLICATION 2018-19**  
(One application per family)

The purpose of this form is to reduce the liability of the school and volunteer driver by being proactive in our selection of parent drivers. If you are interested in being a driver for CCDS field trips, please fill out this form and return it along with a copy of your driver's license(s) and your current insurance policy declaration page for each vehicle listed. **The declaration page should have your name, insurance expiration and limits of liability.** A new volunteer driver application form (per family) must be filled out each school year.

Name \_\_\_\_\_ Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

Student Name \_\_\_\_\_ Student Name \_\_\_\_\_

**Section 1: Driver Information**

**#1 Driver Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL#/Exp. \_\_\_\_\_

Year/Make of Auto \_\_\_\_\_ Vehicle License # \_\_\_\_\_ # of working seat belts \_\_\_\_\_

Vehicle #1 Insurance Co./Agent \_\_\_\_\_ Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

**#2 Driver Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL#/Exp. \_\_\_\_\_

Year/Make of Auto \_\_\_\_\_ Vehicle License # \_\_\_\_\_ # of working seat belts \_\_\_\_\_

Vehicle #1 Insurance Co./Agent \_\_\_\_\_ Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

**Section 2: Requirements for Volunteer Drivers**

**I certify that for the 2018-19 school year:**

- I am over the age of 21 and possess a valid California Driver's License. **A copy is attached to this form.**
- I have insurance coverage that will act as the prime coverage for any liability incurred with the below amounts of coverage. **A copy of the insurance declaration page is attached to this form or has been faxed to the school by my insurance company (895-2646).**

**Bodily Injury Liability of not less than \$100,000 each person with \$300,000 each accident;**

**Property Damage Liability of not less than \$50,000 each accident**

**OR**

**Combined single limit for Property Damage and Bodily Injury of \$300,000 for each accident.**

- I have tested negative for tuberculosis within the past four years and a copy is on file in the school office.
- I have not received any DUI violations or felony convictions involving the use of a motor vehicle. I have completed the fingerprinting process through CCDS and have been cleared through the Department of Justice.
- My vehicle is in safe and operable condition and has as many passenger seat belts as passengers, no more than 8.
- I am not presently taking any drugs, prescription or otherwise which may impair my ability to drive on study trips.
- I have read through and signed the CCDS Study Trip Procedures on the other side of this application.

**Section 3: Declaration and Signature**

I have read and understand the Volunteer Driver Requirements and Field Trip Policy.

Driver's #1 Name \_\_\_\_\_ Driver's #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's #2 Name \_\_\_\_\_ Driver's #2 Signature \_\_\_\_\_ Date \_\_\_\_\_