



## **VOLUNTEER DRIVER FORM**

I, \_\_\_\_\_ (Parent/Volunteer's Name), volunteer as a driver for students attending Chaminade College Preparatory ("Chaminade"). I understand that I am not required to volunteer as a driver and do so at my own discretion.

I understand that:

- I shall assume responsibility for safely transporting all children in my care, from the time we leave Chaminade's campus until I return the students to Chaminade's campus.
- I understand that I may only release children to their parent(s) and/or legal guardian(s) or a Chaminade authorized representative, unless I have been informed by a Chaminade representative that the student's parent(s) and/or legal guardian(s) have given permission for their child to be released to another individual's custody.
- My vehicle will be in safe operating condition and I will have in my possession a valid driver's license.
- I will comply with all applicable traffic signs and laws.
- It is my responsibility to ensure that all children I transport are properly secured with an individual seatbelt at all times, with no double-belted.
- I will not allow any student to sit in the front seat of my vehicle if it is equipped with a passenger side airbag. I may allow my own child to sit in that seat at my own discretion and I assume all liability for such decision.
- I will maintain liability insurance on my vehicle, including medical coverage.

In the event of an accident, my insurance company will be considered the "primary insurer" liable for suit and I agree to indemnify Chaminade for any negligent actions on my part.

I agree to release Chaminade from: (1) any and all liability for property damage to my vehicle or any of its contents; and (2) any and all liability resulting from an accident or incident that causes bodily injury or property damage, except if such claim is due to negligence on the part of Chaminade.

I further agree that information provided on the reverse side of this form is true and correct to the best of my knowledge.

I consent to Chaminade obtaining a copy of and reviewing my Department of Motor Vehicle records through the DMV Pull Program (Form INF1101) and confirming my insurance coverage with my insurance agent. I agree to notify Chaminade, or refrain from transporting students, if my driving privileges are suspended or revoked. I acknowledge that Chaminade reserves the right, at its sole discretion, to disqualify me as a volunteer driver, for any reason or for no reason.

Volunteer's Signature: \_\_\_\_\_

Name as it Appears on License: \_\_\_\_\_

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

Student(s) Name: \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE FILL IN ALL INFORMATION ON BACK OF THIS FORM**

**Additional Information**

- Year/Make of Automobile \_\_\_\_\_
- Model of Automobile: \_\_\_\_\_
- Number of Passengers I can accommodate: \_\_\_\_\_
- License Plate Number: \_\_\_\_\_
- Name, address and phone number of Insurance Agent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Number of Current Automobile Insurance Policy: \_\_\_\_\_
- Insurance Expiration Date: \_\_\_\_\_
- California Driver's License No. \_\_\_\_\_  
Date of Expiration \_\_\_\_\_

If license is from another state, need license number and complete address from that state.

<p>For Office Use Only:</p> <p>Verified: Yes _____ No _____</p>
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