

Student(s): \_\_\_\_\_



## DRIVER APPLICATION FORM

The purpose of this form is to reduce the liability of the school and our volunteer drivers by being proactive in our selection of drivers for student transportation. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school office along with copies of your valid California driver's license, current auto registration, and your current vehicle insurance coverage card. **A new Driver Application Form must be filled out each school year.**

### **SECTION I – Driver Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

CA Driver's License # \_\_\_\_\_ Exp Date: \_\_\_\_\_

<b>Vehicle #1</b>	<b>Vehicle #2</b>
Color/Make/Model/Year: _____ _____	Color/Make/Model/Year: _____ _____
License #: _____ Number of working seat belts: _____	License #: _____ Number of working seat belts: _____
Insurance Company: _____	Insurance Company: _____
Policy #: _____	Policy #: _____
Uninsured/Underinsured motorist coverage? Yes: _____ No: _____	Uninsured/Underinsured motorist coverage? Yes: _____ No: _____

### **SECTION II – Driver History**

PLEASE ANSWER ALL OF THE QUESTIONS BELOW:

\_\_\_ YES \_\_\_ NO Have you been in an accident in the last three years? If yes, please explain the accident and its cause below.

\_\_\_\_\_

\_\_\_ YES \_\_\_ NO Any moving violations in the past three years? Please describe infractions below, if any.

\_\_\_\_\_

\_\_\_ YES \_\_\_ NO Have you been convicted for DWI/DUI of alcohol or drugs? If yes, please list the date of the offense(s).

\_\_\_\_\_

\_\_\_ YES \_\_\_ NO Have you ever 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?

### **SECTION III – Requirements for Drivers**

I certify that:

1. I possess a valid California driver's license.
2. I have valid auto insurance in at least the following amounts:
  - **\$50,000 for personal injury to, or death of, one person,**
  - **\$100,000 for personal injury to two or more persons in one accident, and**
  - **\$50,000 for property damage;**
3. I understand that in case of any type of accident, injury, or vehicle damage, Charter School's liability insurance policy DOES NOT provide primary or direct insurance on my vehicle. Charter School's insurance will take effect only after my personal auto insurance limits are exhausted. I will advise Charter 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.
4. The number of individuals riding in my vehicle(s) will not exceed the number of passengers the vehicle is designed to carry or number of working seat belts.
5. Students will be in their own seats and secured with individual working seat belts. No double belting of children is permitted.
6. No children under the age of 12 will ride in the front passenger seat.
7. Students will not be left unattended in the vehicle.
8. I will maintain my vehicle(s) in safe operating conditions (brakes, tires, etc.)
9. I will operate my vehicle(s) in a safe manner, including NOT using a cell phone while driving.

Student(s): \_\_\_\_\_

10. I will read and follow the instructions for driving and chaperoning students provided by the sponsoring teacher of the field trip.
11. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.
12. I will undertake any necessary training, including **SafeSchools** online training, to comply with charter school safety requirements including but not limited to defensive driver training.

**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 and belief.

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

**SECTION V – School Administration Approval**

\_\_\_\_ Approved for placement on the Charter School's Approved Driver List    \_\_\_\_ Denied placement on the Charter School's Approved Driver List

Signature of Executive Director/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT COPIES OF YOUR CURRENT DRIVER'S LICENSE, AUTO REGISTRATION, AND INSURANCE CARD WITH THIS FORM.**

**IF YOU ARE DRIVING ON AN OVERNIGHT TRIP, YOU ARE ALSO REQUIRED TO GET TB CLEARANCE AND APPLY FOR A CRIMINAL BACKGROUND CHECK THROUGH THE LIVESCAN PROCESS.**

Print and use the SPS Request for Livescan. [This is the form](#) you must use to complete your Livescan. It has a special code that will ensure your results are sent only to Summit. A list of organizations that provide the 'Livescan' service locally can be easily found by using [this site](#). Once the Livescan process has been completed, the results will be sent electronically to Summit's HR team, who will verify that the background check has been cleared.

Summit will reimburse you for the costs of your driving record and criminal background check. Keep your receipt and complete [this form](#) to submit for your reimbursement.