



VOLUNTEER DRIVER FORM _____ - _____ SCHOOL YEAR

Any adult volunteering to drive students from or for Oakdale Academy is required to submit this completed form to the school, along with the following information:

_____ Photocopy of your current, non-expired driver's license, front and back

_____ Photocopy of your current, non-expired insurance card, front and back

Please Note:

- A new Volunteer Driver Form must be filled out at the beginning of each new academic year. All info will be destroyed at the end of school year.
- If two parents in the same household are volunteering to drive, one form may be used as long as copies of license and insurance are submitted for both drivers and both signatures are present.
- You must submit a form, even if you are only driving your own child on a field trip, as emergency situations arise and may require having your information on file.

I. DRIVERS:

Household Address _____

City _____ State _____ Zip _____

Driver 1 Name _____ Date of Birth _____

Driver 1 License # _____ Cell Phone _____

Driver 2 Name _____ Date of Birth _____

Driver 2 License # _____ Cell Phone _____

II. VEHICLE INFORMATION:

VEHICLE #1:

Name of Owner _____ Year _____

Make _____ Model _____ License Plate # _____

Registration Expiration Date _____ Total Working Seatbelts (include driver) _____

VEHICLE #2:

Name of Owner _____ Year _____

Make _____ Model _____ License Plate # _____

Registration Expiration Date _____ Total Working Seatbelts (include driver) _____

If vehicle owner address is different from Household Address, please list below:

Vehicle Owner's Address _____

City _____ State _____ Zip _____

see back

VEHICLE #1: _____ YES _____ NO*

VEHICLE #2: _____ YES _____ NO*

*If NO, please list: \$ _____ per person \$ _____ per incident \$ _____ property damage

Insurance Company _____

Policy Number _____ Expiration Date _____

III. DRIVER INFORMATION:

Have you been in an accident in the last three years? _____ NO _____ YES

(If yes, attach details of the accident.)

Have you been ticketed for moving violations in the last three years? _____ NO _____ YES

(If yes, attach details of the accident.)

IV. DECLARATION:

My signature below, certifies that I will:

- Obey all traffic laws.
- Maintain the minimum insurance coverages required on vehicles listed.
- Understand that my insurance is responsible for any liability, the Oakdale Foundation/Academy insurance will take effect only after my personal auto insurance limits are exhausted.
- Inform Oakdale Academy of any change in the information provided on this form.
- Require all students riding in my vehicle(s) to wear individual safety belts (no doubling).
- Check that my vehicle is in safe operating condition (brakes, tires, lights, etc.).
- Notify the school ASAP if I wish to be removed from the Approved Driver List.
- Certify that I possess a valid, State of Michigan Driver's License (or list other state _____).

Driver 1 Print Name _____

Driver 1 Signature: _____ **Date** _____

Driver 2 Print Name _____

Driver 2 Signature: _____ **Date** _____

V. ADMINISTRATOR'S APPROVAL:

_____ Not Approved _____ Approved Admin Initials _____ Date: _____