



**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
- Photocopy of your current, non-expired auto insurance card

**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 page\***

**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 coverage 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* \_\_\_\_\_