COVENANT
CHRISTIAN ACADEMY

Driver Application Form
School Year 2022-2023

School employees and volunteers often assist with transporting students to field trips and athletic events. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of volunteer drivers. Any employee or volunteer who will be transporting students for any school function must complete this form. The Massachusetts State Registry of Motor Vehicles system will be used to review driving records for all volunteer driver applicants. A new Volunteer Driver Application Form and driving record review must be completed every school year.

Section 1 – Volunteer Driver Information

Name: _____   Driver's License #:_____

License Expiration Date: _____   Date of Birth: _____   Social Security#:_____

Daytime Phone #: _____

Address: _____
         Street   Town   State   Zip

Car Model/Year of cars you may be driving: (Car #1) _____(Car #2) _____

License number for Car #1: _____   Car #2: _____

The school requires volunteer drivers to have a minimum amount of liability insurance. The requirements are: (1) $100,000 liability for bodily injury per person; (2) $300,000 liability per incident for bodily injury for all vehicle occupants; and (3) $100,000 liability for property damage.

NEW REQUIREMENT THIS YEAR: ATTACH A CERTIFICATE OF INSURANCE (COI) OR DECLARATION PAGE FROM YOUR AUTO INSURANCE POLICY. Your insurance company can fax your COI to CCA at 978-535-7123.

Car #1   Insurance Co.: _____ **Policy #** _____

        Liability for bodily injury per person: $_____

        Liability per incident for bodily injury for all vehicle occupants: $_____

          Liability for property damage: $_____
          Uninsured/underinsured motorist coverage? Yes: _____   No: _____

Car #2   Insurance Co.: _____ **Policy #** _____

        Liability for bodily injury per person: $_____

        Liability per incident for bodily injury for all vehicle occupants: $_____
          Liability for property damage: $_____

Uninsured/underinsured motorist coverage? Yes: _____   No: _____

Section II – Requirements for Volunteer Drivers

I certify that for the 2022 - 2023 school year:

- **I possess a valid _____ (state) driver's license.**

- **I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.**

- **I will maintain the minimum insurance coverages required by the school for volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverages are in force.**

- **I understand that in case of any type of accident, injury, or vehicle damage, that the school's liability insurance policy does not provide primary or direct insurance on my vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is generally the only coverage that most nonprofit organizations can provide.)**

- **I will advise the school of any change in information provided on this form including, but not limited to, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.**

- **Students riding in my vehicle(s) will be seated and both the front and back seat will be secured with individual working seat belts. No double-belting of children is permitted. As required by Massachusetts State Law, Section 7AA: "A passenger in a motor vehicle on any way who is under the age of 8 shall be fastened and secured by a child passenger restraint, unless such a passenger measures more than 57 inches in height. The child passenger restraint shall be properly fastened and secured according to the manufacturer's instructions."**

- **To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).**

- **I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.**

- **I understand that Covenant Christian Academy will review my driving record through the Registry of Motor Vehicles.**

Section III – 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.

Signed: _____   Date: _____

Section IV – School Administration Approval

RMV Review Completed: _____ Determination: _____

Administrator's Signature: _____   Date: _____