

**BENZIE COUNTY CENTRAL SCHOOLS
APPLICATION FOR PARENT-DESIGNATED VOLUNTEER DRIVER**

I wish to assist the education of children in the Benzie County Central Schools and therefore apply to become a volunteer driver to transport student(s) in a non-school owned vehicle to/from a school-related event and as authorized by that student's parent/legal guardian. In return for authorizing my status as a parent-designated volunteer driver, I make the following representations and commitments:

Driver's Name _____ Date of Birth _____
Address _____ Phone No. _____
Maiden Name or Alias _____

Operator's License No. _____ License Expiration Date _____
License Restrictions _____

Vehicle/Make/Model/Year _____ Vehicle Owner _____
Vehicle Insurance Company _____ Policy No. _____
Policy Coverage Period _____ Liability Limit _____

1. I *have/have not* (circle one) been convicted of an alcohol/drug-related driving violation in the past 10 years.
2. I currently have ___ points on my driving record for _____ (list citations and dates).
3. I agree to abide by the requirements of all applicable laws at all times during which I am engaged as a parent-designated volunteer driver, including but not limited to requiring each passenger to use a seat belt.
4. I will promptly report to the school administrator any of the following which may occur after the application date.
 - A. Motor vehicle accident (regardless of whether the accident occurs while I am volunteer driving),
 - B. Suspension/revocation of my operator's license,
 - C. Change in the status of my motor vehicle insurance status, and
 - D. Change in my ability to safely drive a motor vehicle
5. I will maintain at all times liability insurance which covers passengers in my vehicle while I am a volunteer driving a student to/from a school-related event.
6. I will not use a vehicle with a manufacturer's-rated seating capacity of 11 or more passengers, including the driver, to transport a student to/from a school-related event.
7. I will maintain the vehicle so it can be safely operated.
8. I understand that:
 - A. Damage to the owner's vehicle is not insured by the Benzie County Central Schools.
 - B. In case of any insurance claim, the owner's vehicle insurance provides primary coverage and the general liability insurance of the Benzie County Central Schools provides excess coverage, if any, pursuant to the limitations of the insurance contract.

I have read and understand the above requirements to be a parent-designated volunteer driver and I agree to abide by these requirements.

Driver's Signature

Date

Administrator's Signature

Date

Authority: Board Policy ____; MCL 257.6(3)(h), MCL 257.1807(1)
Approval Date: __/__/09

- Attachments (photocopies)
- Operator's license Vehicle insurance card Vehicle registration