

## **VOLUNTEER DRIVER FORM**

	individual basis for school sponsored School for the	
I understand and conditions are me	agree as shown by my initials t:	below that each of the follo
I am at least 2	21 years of age and have a current and	d valid driver license ( <b>attach</b> cop
bodily injury	uto liability insurance in the <mark>minit</mark> and \$25,000 property damage and v ar (proof of insurance showing the lir	will maintain such coverage thro
I maintain a c	current vehicle registration (copy <b>att</b>	ached).
	equipped with operational seat belts. convictions within the past 3 years and no pending DUI cases.	
I am not a reg	gistered sex offender or registered ch	ild kidnapper.
While driving stud	dents, I understand and agree to	o abide by the following rules
I will have n students.	ave no firearm or weapon on my person or in the vehicle while transpos.	
I will not utili	utilize a cell phone for any reason while the vehicle is in motion.	
of alcohol or	t be under the influence of, or have on my person or within the vehicle, any ol or drugs. I will not be under the influence of any medication that may it to operate the vehicle safely.	
	smoke, use tobacco products, or permit smoking or use of tobacco proving students. No tobacco products will be visible to students.	
I will notify th	y the school immediately if there is a vehicle delay or accident.	
I will not tran	sport a lone student who is not a fan	nily member.
I will insure the vehicle.	that all occupants are wearing a seat	t belt at all times whenever they
I will use a b four foot-ning will provide it	cooster seat for students under age of e inches (4' 9") in height. (If a boost.)	eight (8), unless the child has rester seat is required, the child's
I will not allow	w any student 12 years of age or unde	er to ride in the front passenger s
Signature:	Printed Name:	Date:
Address	Phone#	
ASD Use On	aly-Please initial boxes upon verification	
SOA Courtview	SOA Sex Offender Reg	Insurance Limits met
Printed Name	Verifiers Signature	Date
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Distribution: Original to School file, Copy to Parent/adult volunteer ASD Form RM #014