

DES MOINES CHRISTIAN SCHOOL

Driver Application Form

_____/_____/_____ School Year

DMCS often needs assistance in transporting small groups of students and or employees to field trips, sporting events, or academic functions. The purpose of this form is to clearly communicate your responsibilities as a driver and to reduce the liability of the school and volunteer drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school. **A new Driver Application Form must be filled out each school year.**

You must also turn in (we are happy to make the copies for you):

_____ Copy of driver's license

_____ Copy of vehicle insurance card (if insurance expires prior to end of school year I will provide a copy of the new card to school)

I wish to be approved for the following: Check ALL that apply

____ Drive school vehicle, i.e.: Suburban or cube truck without students.

____ Drive school vehicle, i.e. Suburban or cube truck with students.

____ Transport students in a personal vehicle.

____ Students may **NOT** ride in vehicle if towing the trailer.

What is the primary group you will be helping provide transportation?

Section I – General Information Please Print

Name _____ Email: _____

Phone: (H) _____ (C) _____ License #/ Exp. Date _____

Personal Car Model/Year: Car #1 _____ Car #2 _____

Number of working seat belts in Car #1 _____ Car #2 _____

Section II – Requirements for Drivers

I certify that for the current school year: Initial each.

- ____ I possess a valid Iowa driver's license.
- ____ I will submit to a skills test with the vehicle I am looking to drive.
- ____ Obtain & sign out vehicle key with Transportation Coordinator.
- ____ Complete a pre/post trip inspection sheet.
- ____ 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 driver.
- ____ I will maintain the minimum insurance coverages required by the school for drivers. I understand this requirement is:
 1. \$100,000 liability for bodily injury per person
 2. \$300,000 liability per incident for bodily injury for all vehicle occupants
 3. \$50,000-\$100,000 liability for property damage.
- ____ 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 the only coverage that most nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of drivers.)
- ____ In the event of an accident, moving violation and/report report of reckless driving, I will submit to drug/alcohol testing within 24 hours, when requested by the School.

• **Section II – Requirements for Drivers (Cont.)**

- ___ I will advise the school of any change in information collected through this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, nonrenewal 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.)
- ___ To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- ___ If I am transporting students in a personal vehicle, I will use a vehicle rated for 9 or less total passengers.
- ___ I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List

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. I also give permission for Des Moines Christian School to run a Motor Vehicle Record (MVR). I understand that approval for this driving application is dependent upon the results of the MVR.

Signed: _____ Print Name: _____ Date: _____

Section IV – Department Head Approval

I approve the application of above named driver for consideration of driving a ___ school owned or ___ personal vehicle.

Signed: _____ Date: _____
Department Head

Department to be charged for MVR:

Section V – Skills Test Completed ___ Suburban ___ Cube Truck ___ Acceptable ___ Unacceptable

Signed: _____ Date: _____
Transportation Coordinator

Section VI – Driving Approval based on MVR

___ Approved ___ Disapproved for addition to the school’s Approved Driver List

_____ Date: _____
Human Resource Manager Signature

