



**Spencerville Adventist Academy
Chesapeake Conference Office of Education**

Volunteer Driver Questionnaire

Instructions: Each volunteer driver must complete this questionnaire yearly. The completed form must be in the school's files before a volunteer is permitted to transport students.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Driver's License Information

State: _____ License #: _____

Expiration Date: _____ Date of Birth: _____

Are you over 21 years of age: Yes No

Have you been involved in any at-fault accidents within the last three (3) years?

Yes No

If "Yes", please describe: _____

Have you been cited for any moving violations within the last three (3) years?

Yes No

If "Yes", please describe: _____

Agreement

In order to be a volunteer driver on behalf of Spencerville Adventist Academy (SAA), I acknowledge and agree to the following requirements:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. I am at least twenty-one (21) years of age. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I have a valid driver's license. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I have an acceptable driving record of not more than two (2) traffic citations and no at-fault accidents within the last three (3) years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I will not transport more students than the official rated load capacity for any vehicle I am driving. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I will ensure that all passengers wear a seat belt and that no double belting is allowed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I will follow all manufacturer's instructions and all applicable laws regarding children and air-bags. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I will obey all traffic directions, signs and lights and will drive according to the posted speed limit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I have completed the Verified Volunteers training and background check within the last three (3) years and Heidi Wetmore has confirmed receipt of my results. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I will complete this questionnaire on an annual basis and provide a copy of my valid driver's license for as long as I wish to be a volunteer driver. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I acknowledge that in order to transport students in my <u>personal vehicle</u> for a school sponsored activity, I must meet the minimum insurance requirements of \$250,000 / \$500,000 and provide proof of this insurance to the SAA Business Office. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. I acknowledge that if I am driving a personal vehicle for a school sponsored event, my personal insurance is the primary insurance, and if I am driving a school-owned vehicle, then SAA's insurance will be the primary insurance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. I acknowledge that, as long as I have an enrolled student at SAA, I can receive a \$25.00 tuition credit every six (6) months in return for submitting my proof of adequate insurance coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. I acknowledge that if any of the above conditions are not met, it could result in insurance refusing to pay any claims. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Driver's Signature: _____

Date: _____