PARENT VOLUNTEER DRIVER FORM



Your willingness to use your vehicle to transport youth on Turtle Rock Preschool, Kindergarten and Summer Camp related functions is very much appreciated. To ensure the safety of all youth, a volunteer driver must meet the following requirements when driving their own vehicle:

- 1. Have a valid Driver's License, and be at least 21 years of age.
- Not have received more than one moving violation in the past 12 months, or more than two in the last 36 months.
- 3. Not have received any DUI violations (driving under the influence of alcohol or drugs).
- 4. No felony convictions involving the use of a motor vehicle.
- 5. Have insurance coverage with a minimum of:
 - \$100,000 per person/\$300,000 per occurrence for bodily injury (\$500,000 for vehicles with more than 5 passengers).
 - \$50,000 property damage per occurrence
 - \$5,000 per person for medical payment
- 6. Drive a safe, well-maintained vehicle, with a passenger seat belt for every passenger.

I,				, volunteer as a driver for the		
	(print name)					
trip to			on			
	(destination)			(date)		
Year and Make of Car						
Vehicle Plate Number		Driver's License Num	nber			

Please attach a copy of your driver's license and the declarations page of your insurance policy (the page that includes the amounts of coverage) to this form.

As a parent volunteer driver, I understand that:

- My insurance provides primary coverage in case of an accident up to the amount of the insured coverage.
 Turtle Rock Preschool insurance does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.
- I am offering my services to Turtle Rock Preschool without compensation.
- I shall not have a child as a sole passenger, unless that child is my own.
- I will provide only G-rated entertainment in the vehicle.
- I am not to stop at any location not on the itinerary, unless permission has been granted in advance, in writing, by Turtle Rock Preschool.
- I will maintain disciplined behavior for all youth in the vehicle during the trip.
- I understand that I shall assume responsibility for the youth I transport while they are in my vehicle.

I certify that the information provided on this form is true. I acknowledge that I have carefully read this document and understand the information therein, and I agree to each of the terms and acknowledgments above.

Parent Volunteer Driver Signature	Print Name			Date
Address	City	State	Zip	Phone
REV 06/12				