



BC CHRISTIAN ACADEMY VOLUNTEER DRIVER FORM

Driver Information:

Driver's Name: _____

Driver's Address: _____

Telephone Number: _____ Cell: _____

Driver's License #: _____

Photocopy of Driver's License # Yes No

Driver is: Parent Other _____

If Parent, Name of Child(ren) : _____

Vehicle Information:

Registered Owner: As above Other _____

Address: As above Other _____

Vehicle License #: _____ Class of License: _____

Vehicle Make/Model: _____ Year: _____

Number of Functional Seatbelts: _____ Other: _____

(It is understood that a seatbelt must be provided for every passenger)

Amount of 3rd Party Liability Coverage: _____ (Suggested minimum \$ 2 million)

Booster Seats Available: yes No If yes, how many: _____

Driver's Statement:

I certify that the above Driver and Vehicle Information is accurate and that in my opinion, the vehicle I am driving is safe for transporting passengers on school trips.

Driver's Signature

Date (m/d/y)