



CALVARY MURRIETA
CHRISTIAN SCHOOLS

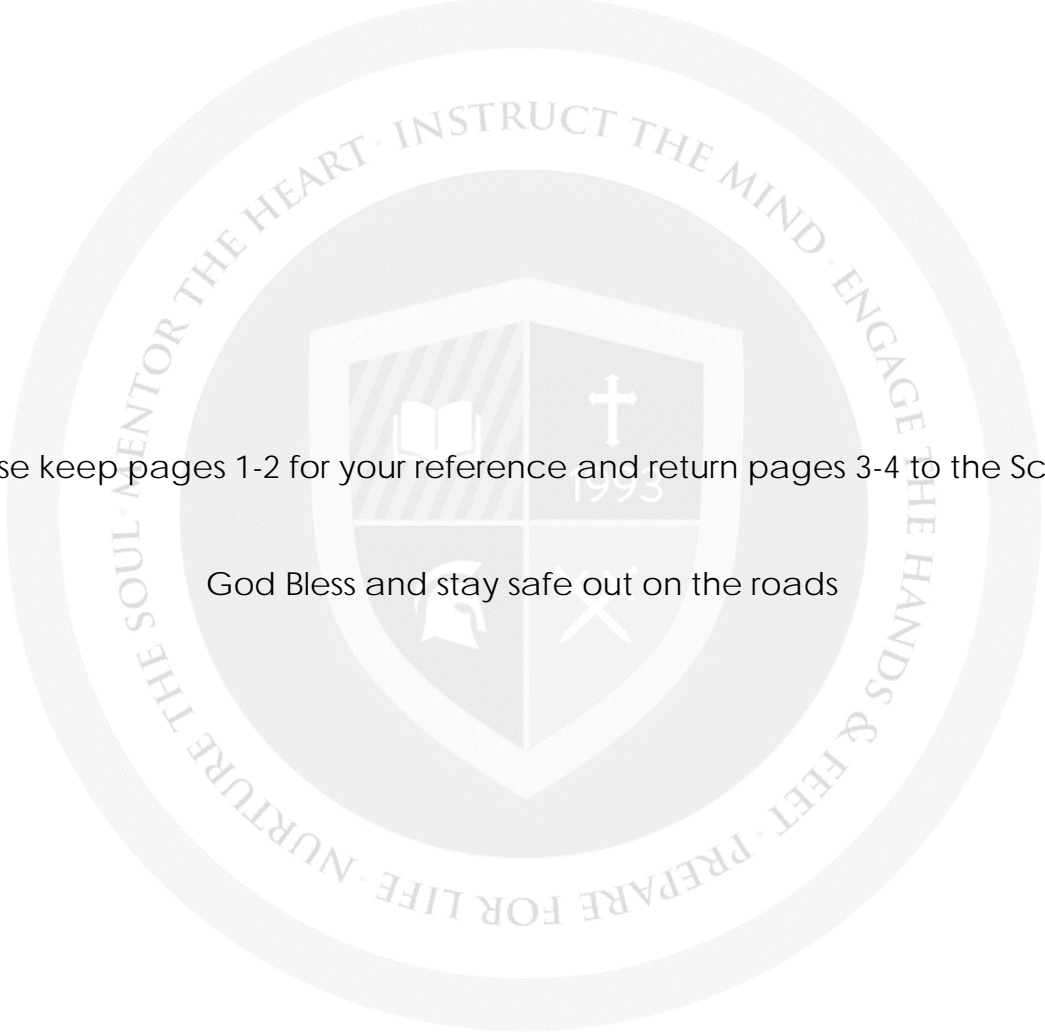
2016-2017 DRIVER POLICY

Calvary Murrieta Church and Calvary Murrieta Christian School requires anyone driving students to any Calvary Murrieta function to be in compliance with the following policies:

- The driver must be at least 25 years, or approved by School/Church, but not more than 70 years old to drive students or children of our Church or School, unless they are your own children or grandchildren.
- The driver must have a valid California Driver's License on file with the School/Church.
- The driver must have Liability Insurance on the vehicle to be driven on file with the School/Church.
- **The driver must fill out the CMCS DRIVER APPLICATION and submit a copy of their Driver's License and Insurance card & await approval. (Preferably 1 week in advance of the event)**
- The driver must adhere to D.M.V. driving laws at all times.
- The driver is responsible to be sure that each person wears a seatbelt.
- The driver of the vehicle must be the same person indicated on the request form. Switching drivers is strictly forbidden. If an emergency situation should arise, contact the School/Church. The new driver must have current required paperwork on file and be an approved driver.

To fulfill our secondary Insurance requirement, we require drivers to fill out a complete **DRIVERS APPLICATION every year**. Also a copy of an updated **Insurance card and Driver's License** is required every **90 days** in order to transport students.

Please bless our students in the type of music you allow in your vehicle. CHRISTIAN MUSIC can be found on Air1 (90.1) & several other stations.



Please keep pages 1-2 for your reference and return pages 3-4 to the School

God Bless and stay safe out on the roads



VOLUNTEER
2016-2017 DRIVER APPLICATION FORM

We often need help in transporting students to athletic events. Our school parents have been generous in their assistance. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, *****please fill out this form and return it along with a copy of your valid driver's license and your current vehicle insurance card to the school*****. A new VOLUNTEER DRIVER APPLICATION FORM must be filled out **each school year**, and it must be kept up-to-date throughout the year as information changes. If there is a change in your insurance or in the status of your license, you must notify the athletic office immediately as per the attached DRIVER POLICY.

Section I of IV – Volunteer Driver Information

PERSONAL INFORMATION				
Name:				
Home Phone:		Cell Phone:		
Street Address:		City:	Zip:	
Driver's License #:		State:	Expiration Date:	
Date of Birth:				
Car Model /Yr (1):		Car Model/Yr (2):		
Number of working seat belts in car #1:		Number of working seat belts in car #2:		
PERSONAL AUTO INSURANCE INFORMATION				
<i>The school requires volunteer drivers to have proof of liability insurance. Please list your insurance information below and attach a copy of your current insurance card.</i>				
Car #1 Insurance Co:		Car #2 Insurance Co:		
Policy #:		Policy #:		
PERSONAL DRIVING RECORD				
Have you been in an accident in the last three years? If you answered YES, please describe the accident and its cause:			Yes	No
Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions:			Yes	No
Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation?			Yes	No

Section II of IV – Requirements for Volunteer Drivers

I, _____ certify that for the _____ school year:
(Driver Printed Name) (School Year)

- I possess a valid California driver’s license.
- I am at least 25 years old.
- I will maintain liability insurance coverage required by the school for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverage are in force.
- I understand that in accordance with California State Law, the insurance provided by the registered owner of the vehicle is primary and that the insurance carried by Calvary Murrieta is secondary.
- I understand that my personal insurance is primary coverage for all accidents and injuries incurred when I drive my vehicle or my vehicle is used.
- I understand that Calvary Murrieta’s insurance does not cover my vehicle or myself, only students on an official CMCS sponsored event.
- I also understand that any other children of parent drivers are not covered by the school’s insurance; they are only covered by the driver’s insurance
- I will provide a copy of my valid driver’s license and current insurance card **prior** to requesting to drive students for CMCS.
- I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated and secured with individual working seatbelts. (No double belting of children is permitted.) As required by state law, I will have a child restraint seat for any passenger that falls under the state requirement.
<https://www.chp.ca.gov/programs-services/programs/child-safety-seats>
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).
- I will read and follow the attached CMCS Driver Policy and Driver/Chaperone instructions for all field trips.
- I will notify school personnel if I wish to be removed from the Approved Driver List.

Section III of IV – Declaration and Signature

I certify that this application was completed by me and that all entries on it and information in it are true and complete, to the best of my knowledge.

 Driver Signature

 Date

Section IV of IV – School Administration Approval

FOR OFFICE USE ONLY			
Approved	Denied*	Administrator’s Signature	Date

*If denied, reason for denial: _____