



2177 Emmanuel Way
Springfield, OH 45502
PH 937-390-3777
FX 937-390-0966

Driver Instructions

ECA greatly depends upon the involvement of our school's parents for transportation and chaperoning of field trips and other off-site events. We greatly appreciate your time to support your school and its activities. These guidelines are to be followed by our drivers:

Instructions for volunteer drivers

- Please allow the teacher to make vehicle assignments for students. If you have a preference, please let the teacher know ahead of time so this can be taken into consideration. Teachers sometimes have reasons for assigning specific arrangements. You will be provided with a list of the names of those to be transported in your vehicle.
- Please arrive at school ten to fifteen minutes before departure time. Schedules are sometimes tight.
- Copies of Emergency Medical Release Forms for all students will be with the teacher if the trip destination is more than ten miles from the school.
- Seatbelts must be worn at all times. It is for this reason that children may be transported only in the cabs of pickup or other types of trucks. Note that only one child is permitted per working seat belt.
- Please be sure that you understand the route to be taken. A map and/or other directions will be provided by the teacher. Please follow the assigned route to and from the field trip. Do not take a "better" way or stop for snacks unless this is part of the teacher's plan.
- It is expected that you will obey all traffic laws including maintaining acceptable speed limits.
- When traveling, cars will "caravan" together. At no time should a car pass the "lead car" or take "side trips." Please do not take "chances" to keep up with the caravan.
- Please call the school right away if you experience car trouble or become lost. If someone has been hurt or is ill, and the teacher is not available for consultation, please call the school for instructions. If the injury or illness is an emergency, call 911.
- Students must enter and leave the vehicle from the curbside unless the vehicle is in a protected parking area or driveway.
- Students must not be left unattended in a vehicle.
- Students should not eat or drink in your car. They have been instructed to speak quietly when talking and to keep their hands/feet to themselves. If any student does not cooperate, please inform the teacher.
- Drivers and chaperones should refrain from providing special treats for the children they are supervising.

I have read the above instructions. I will abide by the rules set forth in this document while I am driving for a school field trip.

Name (printed) _____

Signature _____ Date _____



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Volunteer Driver Application Form

____/____ School Year

I agree to the following:

- Submit a copy of my current, valid driver's license to ECA
- Submit a copy of my current insurance card to ECA

ALL BLANKS BELOW MUST BE COMPLETE BEFORE DRIVER CAN BE APPROVED

Name: _____ Driver's License #: _____ Expiration Date: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Address: _____

CAR 1: Year/Make/Model: _____ License Plate #: _____

Insurance Co: _____ Policy #: _____

THE INSURANCE INFORMATION BELOW MUST BE COMPLETE BEFORE DRIVER CAN BE APPROVED:

* ECA requires volunteer drivers to have a minimum amount of liability insurance. Either of the two following choices will be acceptable:
(1) \$100,00 per person/\$300,000 per accident bodily injury, with a property damage liability limit of \$100,000 or (2) \$300,000 combined single limit bodily injury/property damage liability.

\$ _____ per person liability/\$ _____ per accident liability, \$ _____ property damage

OR \$ _____ combined single limit liability

Uninsured/Underinsured motorist coverage? Yes _____ No _____ # of working seatbelts _____

CAR 2: Year/Make/Model: _____ License Plate #: _____

Insurance Co: _____ Policy #: _____

THE INSURANCE INFORMATION BELOW MUST BE COMPLETE BEFORE DRIVER CAN BE APPROVED:

* ECA requires volunteer drivers to have a minimum amount of liability insurance. Either of the two following choices will be acceptable:
(1) \$100,00 per person/\$300,000 per accident bodily injury, with a property damage liability limit of \$100,000 or (2) \$300,000 combined single limit bodily injury/property damage liability.

\$ _____ per person liability/\$ _____ per accident liability, \$ _____ property damage

OR \$ _____ combined single limit liability

Uninsured/Underinsured motorist coverage? Yes _____ No _____ # of working seatbelts _____

____ Yes ____ No ____ Are you licensed to drive a commercial vehicle?

____ Yes ____ No ____ Have you been in an accident during the last three years? If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.

____ Yes ____ No ____ Have you been ticketed for more than one moving violation within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.

____ Yes ____ No ____ In the last five years 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? [Note: Our school will not be able to use volunteers with a "yes" answer, even if it occurred prior to becoming a Christian.]

____ Yes ____ No ____ Have you ever been convicted of a felony at any time and in any state?



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Requirements for Volunteer Drivers

I certify that for the _____ school year (*this application must be completed each school year*):

- I will contact my insurance agent to ascertain if there are any auto liability exclusions or policy limitations regarding transporting students or faculty members on an approved field trip.
- I will maintain the minimum insurance coverages required by the school for volunteer vehicles for the vehicle(s) listed, and will volunteer to drive when such insurance coverages are in force. (The minimum limits required are listed on the Volunteer Driver Application Form.)
- 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 only the coverage that most nonprofit organizations can provide because of the implausibility of obtaining primary or direct coverage on the vehicles of volunteer drivers.)
- I will advise the school of any change in information provided on this form including, but not limited to, involvement in an auto accident in which I am cited, any citations for moving violations, non-renewal 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 will be seated and the front, middle and back seats will be secured with individual working seatbelts. (No double belting is permitted.) **As required by state law, children under 8 years old and under 4'9" will use a booster seat. The volunteer driver is responsible for ensuring compliance with all child restraint laws.**
- During the period that I volunteer as driver, I will keep my vehicle in a safe operating condition.
- I will read and will follow the Driver and/or Chaperone Instructions sheet for a field trip.
- I will notify school personnel if I no longer wish to drive or if I want to be removed from the Approved Driver List.

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.

Signed: _____ Date: _____

School Administration Approval

- Approved for the Approved Driver's List
- Disapproved

Administrator's Signature: _____ Date: _____



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EMERGENCY MEDICAL FORM – VOLUNTEER DRIVER

Name _____ SS# _____

Address _____

Home Phone _____

In the event of an emergency, please contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

In the event reasonable attempts to contact my emergency contact have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Family Doctor _____

Office phone _____ Emergency phone _____

Hospital preference _____

Insurance company _____

Phone _____ Policy # _____ Group # _____

Known allergies _____

Any other relevant information: _____

Signature _____ Date _____