

Toledo Christian Schools, Inc.
2303 Brookford Drive, Toledo, OH 43614
Phone: 419-389-8700 / Fax: 419-724-2130

VOLUNTEER DRIVER APPLICATION FORM
Parent / Teacher

We want to thank you for being available and willing to transport TCS students in your personal vehicle. We are very appreciative because through your help, our students can experience activities outside of the classroom to enhance and enrich their education at Toledo Christian Schools.

In order to ensure the safety of our students, we ask that you review the criteria listed below, which the school requires for parents driving students in personal vehicles for school-sanctioned activities.

- I agree to obey all traffic rules and regulations, speed limits, and seat belt laws;
- I agree not to stop at any location (including for snacks) that the teacher/school does not specifically authorize;
- I acknowledge that my car is in good and safe driving condition;
- I understand that even though the school carries liability insurance, the school’s insurance policy will not cover individual drivers driving their own personal vehicles – coverage will be through my own insurance company;
- I verify that I have a valid driver’s license **(PLEASE PROVIDE A COPY OF YOUR DRIVER’S LICENSE);**
- TCS requires volunteer drivers to have a minimum amount of liability insurance: \$100,000 liability per person and \$300,000 per incident for bodily injury for all vehicle occupants and \$50,000-\$100,000 liability for property damage. I verify that I have car insurance **(PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD);** I verify that I will not transport children in a 15 seat passenger van.
- I verify that I have not received more than two moving violations on my driving record within the past year; and
- I verify that I have not received a DUI within the last ten years.

Volunteer Driver Information

Name _____ Driver’s License Expiration Date _____

Address _____ Phone # _____ Cell # _____

Email Address: _____ Student(s): _____

Car #1 Model/Year _____ / Car #2 Model/Year _____

Number of working seatbelts in Car #1 _____ / Car #2 _____

License Plate # for Car #1 _____ / Car #2 _____

Car #1 Insurance Co. _____ / Car #2 Insurance Co. _____

Signature

If you have read the above criteria and confirm that you qualify as a driver, please sign, date and return this application form to the TCS office. A signed form must be on file before you are able to transport students.

Thank you again for your availability and willingness to help.

Signature: _____ Date _____

Toledo Christian Schools, Inc.
 2303 Brookford Drive, Toledo, OH 43614
 Phone: 419-389-8700 / Fax: 419-724-2117

VOLUNTEER DRIVER APPLICATION FORM

Student

TCS students are permitted to drive to school (see the Parent-Student Handbook for specific rules). Student athletes are permitted to drive to their game **IF** it is in the Toledo area (which includes Ottawa Hills, Northwood, Cardinal Stritch). Students **ARE NOT ALLOWED** to drive to a game that is a long distance from Toledo (i.e. Danbury).

In order to ensure the safety of our students, we ask that you review the criteria listed below, which the school requires for students driving in personal vehicles for school-sanctioned activities.

- I agree to obey all traffic rules and regulations, speed limits, and seat belt laws;
- I agree not to stop at any location (including for snacks) that the teacher/school does not specifically authorize;
- I acknowledge that my car is in good and safe driving condition;
- I understand that even though the school carries liability insurance, the school's insurance policy will not cover individual drivers driving their own personal vehicles – coverage will be through my own insurance company;
- I verify that I have a valid driver's license **(PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE)**;
- TCS requires volunteer drivers to have a minimum amount of liability insurance: \$100,000 liability per person and \$300,000 per incident for bodily injury for all vehicle occupants and \$50,000-\$100,000 liability for property damage. I verify that I have car insurance **(PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD)**; I verify that I will not transport children in a 15 seat passenger van.
- I verify that I have not received more than two moving violations on my driving record within the past year and that I have not received a DUI.

Volunteer Driver Information

Name _____ Driver's License Expiration Date _____

Address _____ Phone # _____

Car #1 Model/Year _____ / Car #2 Model/Year _____

Number of working seatbelts in Car #1 _____ / Car #2 _____

License Plate # for Car #1 _____ / Car #2 _____

Car #1 Insurance Co. _____ / Car #2 Insurance Co. _____

Signature

If you have read the above criteria and confirm that you qualify as a driver, please sign, date and return this application form to the TCS office. A signed form must be on file before you are able to transport students. **The following students are allowed to ride with my son or daughter to and from practice.**

Student's Signature: _____ Date _____

Parent's Signature: _____ Date _____