

Summit Public Schools
Administrative Offices
14 Beekman Terrace
Summit, NJ 07901

VOLUNTEER DRIVER FORM

VOLUNTEER DRIVER AND VEHICLE REQUIREMENTS

1. Parent permission forms must state the name of the driver when privately owned vehicles are used for field trips or athletics.
2. A volunteer driver will be a Parent or Guardian of an enrolled Summit Student. Seat belts are required for the Driver and one seat belt per each intended passenger(s). **SEAT BELTS MUST BE USED WHILE THE VEHICLE IS IN MOTION.**
3. All vehicles utilized by volunteer drivers must have a valid N.J. motor vehicle registration approved sticker and conform to registration, inspection, and insurance requirements of the State of New Jersey for privately owned vehicles.
4. Students are not to be transported in an open vehicle.
5. Passengers under the age of eight and who weigh less than 80 pounds, shall be secured in a child passenger restraint system or booster seat, as described in the Federal Motor Vehicle Safety Standard Number 213, in a rear seat of the vehicle.
6. It is expected that all vehicles be maintained in a safe condition in compliance with all applicable motor vehicle requirements.

VEHICLE INSURANCE

The driver's insurance provides primary coverage in case of an accident up to the amount of the insured coverage. The school district's insurance provides secondary coverage for liability only if necessary in excess of the limits of the driver's coverage.

I, _____, volunteer as a field trip driver or athletics driver for _____ School during (Please either check 1 or 2)

___ 1. the current school year, and/or

___ 2. the field trip to _____ to be conducted on: Date _____

Make and Model of Vehicle: _____ Color: _____

License Plate Number _____ Occupancy Rating (Driver and Passenger seats with seat belts) _____

Valid New Jersey Driver's License Number _____

Has driver been cited for any moving Traffic Violations in the last year? ___ NO ___ YES

If yes, please explain. Indicate number of violations and circumstances below.

FOR YOUR PROTECTION

*You shall have insurance in force in the amounts of \$100,000, \$300,000 (public liability, medical, property damage). **Your policy is primary.** Please attach proof of insurance (declaration page) and list your insurance coverage below.*

PUBLIC LIABILITY INSURANCE COVERAGE:

Each Person \$ _____ Each Accident \$ _____ Property Damage \$ _____ Medical \$ _____

Name, Address and Phone Number of Insurance Company: _____

I understand that I shall assume responsibility for the students I transport while they are in my automobile.

(Signature of Driver) Date: _____

(Signature of Principal) _____ Approved _____ NOT Approved

A COPY OF YOUR LICENSCE AND INSURANCE POLICY WHICH INCLUDES THE AMOUNTS OF COVERAGE IS REQUIRED.