



## Volunteer Driver Application

Thank you for your willingness to serve the Cascade Christian community by volunteering as a driver.

The following are the requirements and agreements for a volunteer driving a vehicle in connection with Cascade Christian Schools activities:

- Complete a background check through Cascade Christian Schools.
- Provide a copy of your current driver's license.
- Provide a copy of your current insurance card.  
(The driver must have an insurance policy that will act as the prime carrier for any liability incurred with the following coverage: Bodily Injury not less than \$100,000 each person with \$300,000 each accident, Property Damage liability of a minimum of \$50,000 each accident, and a combined single limit for Property Damage and Bodily injury of \$300,000 for each accident.)
- Ensure vehicle has seatbelts for every student. Students under 13 are not allowed to sit in the front seat of the vehicle in accordance with Washington state law. Students under 13 must follow state regulations for a booster seat.
- Stay with the group. Do NOT make stops for gas, coffee, snacks, etc.
- Do NOT text.
- Do NOT smoke.
- Do not play media in the vehicle except music that is youth appropriate and God-honoring.
- Note that siblings are NOT allowed to accompany a student on field trips.

I have read the above requirements and agree to the conditions set out for volunteer drivers.

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Volunteer Name

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Date

- ( ) Copy of current insurance coverage
- ( ) Copy of current driver's license
- ( ) Current background check is on file



## Employee/Parent Volunteer Personal Vehicle Use

Indicate school:

☐ District Office   ☐ Junior High/High School   ☐ Puyallup Elementary   ☐ Puyallup ELC

☐ Frederickson Elementary   ☐ Frederickson ELC   ☐ McAlder Elementary   ☐ McAlder ELC

Name:	Birthdate:
Driver's License No.:	Expiration:
Year and Make of Vehicle:	License Plate No.:
Insurance Carrier/Agent:	Carrier/Agent Phone
Policy No.:	Policy Expiration Date:
Liability Limits: <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage	
Driver's Cell Phone No.:	
Driving Restrictions:	
I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the school's office in writing of any changes to the above information. I further certify that the above vehicle is mechanically safe.	
Owner of Vehicle Signature:	Date:
Driver Signature:	Date:
<b>IMPORTANT NOTE:</b> if you drive your personal automobile while on district business and you are involved in an accident, by law your liability policy is used first. The district's liability policy would be used only after your policy limits have been exceeded. The CCS district does not cover, nor is it responsible for, comprehensive and collision coverage for your vehicle.	



**CASCADE**  
CHRISTIAN SCHOOLS

Site Supervisor/Director or Principal Signature:	Date:
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