



VOLUNTEER DRIVERS OF SMALL VEHICLES
 (9- PASSENGER OR LESS)
 FOR SCHOOL SPONSORED ACTIVITIES

THIS FORM MUST BE TURNED IN TO THE SCHOOL OFFICE BEFORE STUDENTS LEAVE CAMPUS

Driver's Name: _____

TCA Event: _____

In order to comply with The Classical Academy guidelines concerning transporting students by a staff member, and/or TCA volunteers doing volunteer transportation of students on a school sponsored trip, drivers must meet the following:

1. Insurance Coverage should have limits of: \$100,000 per person/\$300,000 per accident Bodily Injury, and \$100,000 Property Damage.
2. Liability and/or no fault insurance, as required by Colorado law, is carried on the vehicle with (attach copy of declaration page),

Company	\$ Limits	Expiration Date
3. All Colorado State driving laws and use of seat belts by all passengers must be followed. Proof of vehicle insurance must be carried in the vehicle.		
4. To the best of my knowledge, the vehicle I am driving is in safe mechanical working condition, including but not limited to legal tread, seat belts for all passengers and driver, operational lights and signals, engine and brake systems in good working order.		

___ Yes ___ No Type of Vehicle: _____

Year Make Model

5. I possess a valid Colorado driver's license. Military personnel/dependents may have out-of-state license. (attach copy)

State of License	Driver's License Number	Expiration Date
6. My vehicle has _____ belts. I will transport only _____ passengers plus the driver.		
7. I understand that as a volunteer driver, I am not covered by The Classical Academy or Colorado Springs School District Twenty automobile insurance. _____ (Please Initial)		
8. The Classical Academy and District Twenty provide only secondary and excess automobile insurance of the vehicle owner. The staff member or volunteer provides primary insurance coverage. _____ (Please Initial)		
9. <u>Only adults aged 25 or over may drive students on school-sponsored trips.</u>		
10. TCA volunteers certify completion and approval of TCA volunteer application. _____ (Please Initial)		
11. TCA staff members certify annual completion of TCA Vehicle Use Authorization form. _____ (Please Initial)		
_____		_____
Signature		Date

DRIVERS MUST SUBMIT A COPY OF YOUR INSURANCE DECLARATION PAGE, CURRENT INSURANCE CARD, AND DRIVER'S LICENSE TOGETHER WITH THIS FORM