

# Parent Volunteer / Employee Vehicle Usage Form

Circle one: Parent Volunteer / Employee

### Driver #1 Information

Name:			Date of Birth:			
Address:						
	<i>Street</i>			<i>City</i>	<i>State</i>	<i>Zip</i>

### Phone Numbers

Mobile:	Home:
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### Driver #1 License Information:

Driver's license #:	Expiration:	State:
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<i>Please list and explain any moving violations in the past 3 years:</i>	<i>Please list and explain any accidents in the past 3 years:</i>

### Driver #2 Information

Name:			Date of Birth:			
Address:						
	<i>Street</i>			<i>City</i>	<i>State</i>	<i>Zip</i>

### Phone Numbers

Mobile:	Home:
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### Driver #2 License Information:

Driver's license #:	Expiration:	State:
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<i>Please list and explain any moving violations in the past 3 years:</i>	<i>Please list and explain any accidents in the past 3 years:</i>

### Vehicle Information

Car year:	Car make:	Car model:
License plate #:	County:	
Insurance company:	Phone:	
Insurance policy #:	Policy expiration:	

### Vehicle Information

Car year:	Car make:	Car model:
License plate #:	County:	
Insurance company:	Phone:	
Insurance policy #:	Policy expiration:	

**Form continued on back.**



**PARKVIEW  
CHRISTIAN  
SCHOOL**

2022-2023

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## Driver Statement

- I certify the vehicle is equipped with seat belts for all occupants.
- I certify the vehicle is regularly maintained and kept in good mechanical condition.
- I certify that in the past 36 months I have not received a violation in the form of: a DUI, refusing substance tests, reckless driving, manslaughter, hit and run, eluding a police officer, any felony, drag racing, license suspension, or driving while license is suspended.
- I consent to the school district checking my Motor Vehicle Record (MVR) with the Department of Motor Vehicles (DMV).
- I certify that I have a valid US driver's license and there are no restrictions preventing me from transporting students in my vehicle.
- I certify the following minimum vehicle insurance requirements are met:

1. Bodily Injury Liability per person \$100,000
2. Bodily Injury Liability per accident \$300,000
3. Physical Damage Liability \$100,000

I commit to inform the school if there are any driver's license or insurance changes that occur during the school year.

*Signature*

*Date*

*Signature*

*Date*

