

STUDENT(S) NAME/GRADE(S):



C H R I S T
F A M I L Y
C H U R C H
S C H O O L

VOLUNTEER TRANSPORTATION AGREEMENT

DRIVER'S LAST NAME _____ FIRST NAME _____

Address _____ City / State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Driver License # _____ Insurance Provider _____ Policy # _____

I volunteer to drive my personal vehicle to provide transportation for STUDENT EVENTS, during the **2007-2008** school year. FAITH CHRISTIAN SCHOOL requires that each volunteer driver furnish the following information, for approval, prior to driving on its behalf. Please attach a copy of the following to this document:

- 1) Copy of a valid / current Driver's License
- 2) Copy of Insurance ID Card showing effective dates of insurance coverage
- 3) Copy of Insurance Declaration page showing the "Limits of Coverage"

Note minimum acceptable limits:

	Bodily Injury	\$100,000 per person / \$300,000 per accident
	Property Damage	\$25,000 per accident
Or	Combined Single Limit BI/PD	\$300,000 per accident
	Medical Payments	\$5,000
	Uninsured Motorist	\$30,000 per person / \$60,000 per accident

I will be responsible for any comprehensive or collision losses or damage suffered by my automobile during the above referenced time period. I shall obey the traffic laws, including the requirement that all passengers use the lap belt and shoulder harness while the vehicle is in transit. If children under the age of four years or weighing less than 40 pounds are being transported, then an approved car seat shall be used. I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem. Before signing, I understand that in accordance with Texas State Law, the insurance provided by the registered owner of the vehicle is primary. Any insurance carried by the organization that may be applicable is secondary. I understand that my personal insurance is primary coverage for all accidents and injuries incurred when I drive my vehicle or when my vehicle is used. I understand the school's insurance does not cover my vehicle or myself, only students on an official FCS sponsored event, such as athletics, advisories, service projects, etc. I also understand that any other children of parent drivers are not covered by the school's insurance; they are only covered by the drivers' insurance. I understand by law **SEAT BELTS MUST BE USED.**

I have read the above and I understand and agree with the above listed requirements.

Parent/Driver's Signature _____ Date _____