2016-2017 VOLUNTEER PERSONAL AUTOMOBILE USE FORM

[For Off-Site Events and Field Trips]

Please complete one form per parent/guardian

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, St. Michael's Episcopal School (the "School") requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from such activities must receive prior approval. Before we can issue such approval, certain information must be obtained before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION		
Name of Driver:		
Driver's License No. & Exp. Date:		
Vehicle(s) Year/Make/Model:		
Vehicle(s) License Plate No.:		
Insurance Carrier:		
Policy Number and Expiration Date:		
Please include a photocopy of your Drivehicle(s) listed above are covered by minimum coverage requirements of the C	valid liability insurance v	with policy limits that satisfy the
VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS		
For the safety of our Students, in signing requirements:	below, you are also agreein	g to the following rules and
1. 1 will not operate an automobile vor nonprescription), lack of sleep, Virginia law regarding proper oper limits and posted signs and placards	or distraction of any kind. I ation of the Vehicle, includ	will at all times comply with
2. I will not transport Students in a Venthat may become unsafe due to wear unless I have a working seatbelt for and all transported Students. The Venthal I was a seat of the venthal I was a working seatbelt for any all transported Students.	chicle I have reason to belie other or other natural condition of each Student, with seatbelt	ons. I will not transport Students s to be used at all times by myself
3. I am over the age of 21 and will be competition. I will not let anyone of	the sole driver of the Vehic	le for any given activity, event, or
Printed Name	Signature	Date

Received by:

Date Received by School: