## CHICO COUNTRY DAY SCHOOL VOLUNTEER FIELD TRIP DRIVER APPLICATION 2016-17

(One application per family)

A new volunteer driver application form must be filled out each school year.         Name       Horne Address         City, State, Zip       Cell Phone #1       #2         Student Name       Student Name         Student Name       Student Name         Student Name       Student Name         Student Name       Date of Birth       DL#/Exp.         Year/Make of Auto       Vehicle License #       # of working seat belts         Vehicle #1 Insurance Co./Agent       Phone #       Policy #         Weikle #1 Insurance Co./Agent       Date of Birth       DL#/Exp.         Year/Make of Auto       Vehicle License #       # of working seat belts         Vehicle #1 Insurance Co./Agent       Phone #       Policy #         Year/Make of Auto       Vehicle License #       # of working seat belts         Vehicle #1 Insurance Co./Agent       Phone #       Policy #         Section 2: Requirements for Volunteer Drivers       Icense: A copy is attached to this form.         I have insurance coverage that will act as the prime coverage for any liability incurred with the below amounts of coverage. A copy of the insurance declaration page is attached to this 500,000 each accident; Property Damage Liability of not less than \$50,000 each accident; Property Damage Liability of not less than \$50,000 each accident;         Brow Interacompany (895-264).       Bodily Injury of \$300,000 each a	interested in being a driver for CCDS field trips	s, please fill out this form and return it along with	oactive in our selection of parent drivers. If you are a copy of your driver's license(s) and your current ur name, insurance expiration and limits of liability.
City, State, Zip	A new volunteer driver application form must	be filled out each school year.	
Student Name	Name	Home Address	
Student Name	City, State, Zip	Cell Phone #1	#2
Section 1: Driver Information         #1 Driver Name       Date of Birth       DL#/Exp.         Year/Make of Auto       Vehicle License #       # of working seat belts         Year/Make of Auto       Vehicle License #       # of working seat belts         Year/Make of Auto       Date of Birth       DL#/Exp.         #2 Driver Name       Date of Birth       DL#/Exp.         #2 Driver Name       Date of Birth       DL#/Exp.         Year/Make of Auto       Vehicle License #       # of working seat belts         Year/Make of Auto       Vehicle License #       # of working seat belts         Year/Make of Auto       Vehicle Utense #       # of working seat belts         Year/Make of Auto       Vehicle Utenses #       # of working seat belts         Year/Make of Auto       Vehicle Birth       DL#/Exp.         Year/Make of Auto       Vehicle 1 insurance Co./Agent       Phone #       Policy #         Section 2: Requirements for Volunteer Drivers       Itam over the age of 21 and possess a valid California Driver's License. A copy is attached to this form.       Itawe insurance coverage that will act as the prime coverage for any liability incurred with the below amounts of coverage. A copy of the insurance declaration page is attached to this form or has been faxed to the school by my insurance company (895-2646).       Bodily injury Liability of not less than \$100,000 each accident;	Student Name	Student Name	
#1 Driver Name	Student Name	Student Name	
Year/Make of Auto	Section 1: Driver Information		
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Driver's #1 Name Driver's #1 Signature Date	<ul> <li>the fingerprinting process thro</li> <li>My vehicle is in safe and opera</li> <li>I am not presently taking any o</li> <li>I have read through and signed</li> </ul> Section 3: Declaration and Signed	bugh CCDS and have been cleared throu able condition and has as many passeng drugs, prescription or otherwise which r d the CCDS Study Trip Procedures on the nature	gh the Department of Justice. er seat belts as passengers, no more than 8. nay impair my ability to drive on study trips. e other side of this application.
	Driver's #1 Name	Driver's #1 Signature	Data

Please fill out both sides of this form.

Driver's #2 Name \_\_\_\_\_\_ Driver's #2 Signature \_\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_