



Volunteer Driver Information

CHAPERONE/VOLUNTEER DRIVER APPLICATION

Last Name		First Name		Middle Name	
Address:					
City	7	State		Zip Code	
Contact Information					
Cell Phone	Home	Phone	Email		
Emergency Contact					
Name			Cell Pho	one	
	. D.1	1: 0.1 1			
Children Enrolled in the New Child's Name	ton Pub			Crada	
Child's Name		School Name/Location	n	Grade	
				I	
CHAPERONE/VOLUNTE					
All volunteer drivers, including					
this form, provide proof of a v					
CORI background check if or for Volunteer Drivers. This					
for voluneeer Drivers. Tims	TOTTI IIC	eas to be completed, sub-	illiteteta, alle	i on me annuary.	
Volunteer Driver License Info	rmation				
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Last Name First N License #		Middle Name	State of Is	Date of Birth	
License #	Expira	ation Date	State of 18	ssuance	
Vehicle Information					
Make	Mode		Year		
Wake	Wiode	L	Tear		
License Plate #	# of W	orking Seatbelts			
		O			
Automobile Insurance Informa	ation				
Name of Insured		Insurance Company Na	ime	Policy #	
Expiration Date		Coverage Limit: Bodily Injury (Individual/Occupant):			

****COPY OF LICENSE AND AUTOMOBILE INSURANCE MUST ACCOMPANY THIS FORM****

I certify the above information is correct and the insurance coverage on the above vehicle is in force. I further certify that the above vehicle is mechanically safe. I understand that I must have liability insurance coverage in force and agree to advise NPS, in writing, of any changes to the above information. I further understand that I must proceed directly to and from the field trip destination, and that no unauthorized stops shall be made. I will comply with all traffic laws.

I understand that I shall not have a child as a sole passenger except if the child is my own. I understand that when driving my own vehicle on school-related business, including field trips, and I am involved in an accident, my insurance will be used. NPS does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.

I hereby release, hold harmless, defend and indemnify the City of Newton and its departments, including the Newton Public Schools, its officers, employees, and agents from liability arising out of personal injuries and/or property damage resulting from or in any way connected to my voluntary provision of transportation to, from and during any field trip.

I have read and understood the <u>Guidelines and Requirements for Volunteer Drivers</u> and the Newton Public Schools Field Trip Policy and Guidelines.

Driver's Name:		Date:	
	Please Print		
Driver's Signature:			