

**Lexington Montessori School
Volunteer Driver Information
Updated January 5, 2011**

This form is to be completed by the volunteer parent for each academic term (August – December, January – May). The completed form must be given to the school administrator along with a copy of your current insurance card. The school administrator will sign approved Volunteer Driver Forms and retain them for the duration of the semester. All parents who will be transporting children other than their own should submit the form. Thank you.

NAME OF DRIVER: _____

DRIVER VOLUNTEERS TO DRIVE FOR THE FOLLOWING EVENTS: (circle all that apply)

Occasional field trips for primary students

Occasional field trips for elementary students

Occasional Friday P.E. activities for kindergarten Occasional Friday P.E. activities for elementary

Other

Note: by circling these, you are not committing - we'll still email/call to set up drivers for each event as needed!

PROOF OF INSURANCE AND DRIVER'S LICENSE: As a volunteer driver, I am providing the above named school with proof of current automobile insurance and will, if requested, provide proof to the parents/guardians for the students traveling in the vehicle. I understand that Lexington Montessori School does not provide insurance or any protection for damage to vehicles operated by volunteers. LMS is not responsible for the negligence of volunteer drivers. To my knowledge, my vehicle has no unsafe conditions and is in good repair. I have also provided the school with my driver's license number and expiration date.

I understand that it is my responsibility to provide the minimum insurance as required by Kentucky State Law.

I also understand that I am responsible for abiding by all state laws, including the new law that prohibits texting while driving. I will not text while driving while transporting LMS students. Further, I will refrain from cellular phone use while transporting LMS students.

Driver's License Number: _____ Driver's License issued in the state of _____

Expiration Date on License: _____

Make of Car: _____ Color: _____

License Plate Number: _____ State: : _____ Expiration Date: : _____

Number of passenger seat belts in your car: _____

***NOTE: LMS STUDENTS WILL NOT BE TRANSPORTED IN THE FRONT SEAT!**

I, _____, agree to the above volunteer driver responsibilities.

Signature: _____ Date: _____

ADMIN. CHECKLIST:

- Driver has provided copy of current insurance card to LMS and a copy is on file.
- Driver has provided a copy of current driver's license to LMS for verification.

ADMINISTRATOR'S SIGNATURE HERE INDICATES APPROVED DRIVER: _____