



Challenge to Excellence Charter School Volunteer Automobile Policy

Please complete this form and return it *with* your insurance declarations page (insurance card is not sufficient) to the school. We appreciate your interest in volunteering and the time it takes to complete this application. This form *must* be completed, returned and approved by the school before you can drive students on field trips or to after school sports or activities.

Print Driver's Full Name _____
Address _____
City _____ State CO Zip _____
Phone () _____ Date of Birth _____
Driver License Number _____ State _____
Expiration Date _____

Name of Auto Insurance Company:

Insurance Policy Number:

Your insurance **must** meet or exceed the following minimum requirements:

- \$100,000 per person/\$300,000 per accident for bodily injury
- \$10,000 per accident for property damage
- \$25,000 per person and \$50,000 per accident for uninsured motorist coverage
- \$15,000 per accident for personal injury protection

Seat Belts?: YES - for _____# Passengers NO - (You will not be allowed to drive)

Maximum number of passengers you can accommodate: _____
(ALL PASSENGERS MUST WEAR SEATBELTS*)

Note: Current insurance declarations page and a copy of your driver's license *must* be submitted with this form. Driver *will not* be allowed to drive any other students/athletes without proof of required coverage (see above).

Driver Signature: _____ Date _____

Authorized School Signature: _____ Date _____

- As of 8/1/03: Four and five-year-olds **must** have booster seats or seat belt "adaptors" to ride in a private vehicle if they are less than 55" tall.