



**EVANGELICAL CHRISTIAN SCHOOL**

P. O. Box 1030 Cordova, Tennessee 38088-1030  
901 754-7217 Fax 901 754-8123

[www.ecseagles.net](http://www.ecseagles.net)

**VOLUNTEER DRIVER APPLICATION**

*The mission of Evangelical Christian School is to provide the Christian family a Christ-centered, biblically-directed education that challenges students to know the Lord Jesus Christ and to develop the vision and practice of excellence in academics, character, leadership and service to others.*

This application permits ECS to screen volunteers who will drive our students, ensuring student safety.

Date: (month/date/year) \_\_\_\_\_ Type of service: I volunteer to serve as follows:

A volunteer driver who will drive a school-owned, school-rented vehicle or personal vehicle.

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**VOLUNTEER DRIVER INFORMATION** (all drivers) Driver's License State of Issue and

Number \_\_\_\_\_

**Have you had any moving violations in the past three (3) years?**

\_\_\_\_\_ **If you answered yes, attach an explanation.**

Do you have a history of heart attack, stroke, seizure, alcohol or drug abuse, or other medical condition which might indicate an increased risk for passengers in a vehicle you are driving?

\_\_\_\_\_ If you answered yes, attach an explanation.

Current Insurance Carrier \_\_\_\_\_

Effective Dates \_\_\_\_\_

## **CERTIFICATION AND AGREEMENT**

I recognize that, as a volunteer or independent contractor, I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner.

I acknowledge that while driving my own vehicle I and my own insurance are responsible for any and all claims, not ECS or its insurance.

I acknowledge that I will not be alone with a child (other than my own) in a non-public setting.

I acknowledge that I will not use my cell phone while driving children other than my own, to and from school functions.

I acknowledge that I have both a valid driver's license and, if driving my own vehicle, automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

I CERTIFY that the answers provided by me herein are to the best of my knowledge and belief, true and correct without reservation. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. I hereby authorize Evangelical Christian School to verify any and all information contained in this application, up to and including the ability to perform a Department of Motor Vehicle records check.

**\*\*\*Please make sure to submit a copy of your valid Driver's License and a copy of current Insurance Card with this form\*\*\***

---

Signature / Date