Montessori of Maui, Inc. 2933 Baldwin Avenue, Makawao, Hawaii 96768 Office: 573-0374 Fax: 573-0389



Volunteer Driver Application Form- School Year 2018-2019

We often need help in transporting students on field trips or 'going outs'.

If you are interested in volunteering to drive on Field Trips or Going Outs during the school year, please:

- 1. Fill out this form and return it to the Main Office.
- 2. Attach a copy of your driver's license.

SECTION I – Volunteer Driver Information

- 3. Call your insurance company and ask them to fax us proof of the amount of liability coverage you carry. (School Required Liability Limits: Liability Bodily Injury \$100,000 each person/\$300,000 each occurrence and Liability Property Damage \$25,000 each occurrence).
- 4. Obtain a copy of your Driver's Abstract from the Maui District Courts and turn into the Main Office (Driver's Abstracts will be held on file for one year from the date obtained).

Name:
Child(ren) and Class(es):
SECTION II – Requirements for Volunteer Drivers
I certify that I have read and agree to all of the requirements for volunteer drivers listed below:
 I possess a valid driver's license. I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting of students or faculty members that might affect my ability to meet the qualifications for a volunteer driver. I will maintain my current insurance policy and liability coverage and only volunteer to drive when such insurance policies a coverages are in force. I understand that in case of any type of accident, injury, or vehicle damage, the school's liability insurance policy does a provide primary or direct insurance coverage. I will advise the school of any change in information provided on this form of my Abstract. To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.). I will read and follow the Guidelines for Chaperones and Drivers sheet for the field trip. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List. I understand that if information on file with the school expires I will provide the school with updated and current information I understand that my name will be run through the United States Department of Justice National Sex Offender Registry.
SECTION III – Declaration and Signature
I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is t and correct to the best of my knowledge.
I hereby waive, release, discharge, and agree to hold harmless Montessori of Maui, Inc. its officers, directors, agents, insureds employed or anyone acting for or on its behalf, from any and all claims of liability for personal injury, death or property damage of any kind or nat whatsoever arising out of or in the course of my participating in any Montessori of Maui, Inc. field trip or going out. This release a waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds myself, my he executors, administrators, or anyone else who might claim on my behalf.
Signed: Date: