



<b>For Office use only:</b>	
Date:	_____
Reviewed:	_____
Background ck:	_____
Letter Sent:	_____

## Salem County Christian Academy Volunteer Application

**Section A: Personal Information (please print)**

Name: \_\_\_\_\_ Sex: Male or Female (circle one)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_ - \_\_\_\_\_

Area(s) volunteering for: \_\_\_\_\_

Home phone (please include area code): \_\_\_\_\_

Cell phone #'s (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

**Section B: Background Information: In order to provide for the safety and security of the students at Salem County Christian Academy, all volunteers should answer these questions. A criminal background check must be completed before you may be approved for a service position.**

1. Have you ever been investigated for child abuse or inappropriate behavior with children or a minor?  
Yes or No (please circle one)
2. Have you ever been convicted of a felony?  
Yes or No (please circle one)
3. Have you been cited recently (within the past 3 years) for reckless driving, or speeding, DUI, or an accident where you were at fault?  
Yes or No (please circle one) If yes please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Do you currently (or within the past 3 years) use alcohol or tobacco products?  
Yes or No (please circle one) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. When conflicts arise will you handle them in a professional, courteous, and mature fashion as directed in the Student Parent Handbook?  
Yes or No (please circle one)

**Section C: All teachers, staff, and volunteers must sign the loyalty pledge.**

**SCCA Loyalty Pledge:**

I hereby affirm my agreement with the total doctrinal position of Salem County Christian Academy and with the general philosophy and direction of the school. I will not knowingly speak negatively to any staff, teacher, student, or parent about Salem County Christian Academy. I understand that when I see problems that I may go directly to those involved or may go to the school Administrator. I will completely read the handbook and adhere to its policies and procedures. As a volunteer, I understand that I must maintain the high standards of the Academy while students are under my influence (i.e. dress code, music standards, etc.)

I further agree that if the time should come that I no longer heartily and happily agree with the Statement of Faith position and/or the general philosophy and direction of the school that I will no longer volunteer my services, if offered, but instead will leave the position quietly and professionally.

I also understand that willful disobedience of this pledge may be used as grounds for my immediate removal from the position.

Do you give permission for Salem County Christian Academy to submit a background check? \_\_\_\_\_ yes  
\_\_\_\_\_ no

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ANYONE WHO WILL HAVE CONTACT WITH STUDENTS MUST AGREE TO A CRIMINAL BACKGROUND CHECK.**

- Background Check: \_\_\_\_\_ Date: \_\_\_\_\_
- Approved: yes or no \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_

**Section D: Insurance/auto information: complete this section only if you plan to transport students for events.**

**Current automobile insurance information: Please provide a copy of your driver's license, insurance card, and registration for any vehicles you may use for transporting students.**

**SCCA Academy Volunteer Driver Application Form 2013/14 School Year**

We often need help in transporting students on field trips or for sports events. Our school parents have been generous in their assistance. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it (along with copies of your driver's license, registration, and your current vehicle insurance card) to the school. A new Volunteer Driver Application Form must be filled out each school year.

**Section I - Volunteer Driver Information**

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Car Model/Yr: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Number of working seat belts in car # 1 \_\_\_\_\_ Car # 2 \_\_\_\_\_

License number for car # 1 \_\_\_\_\_ Car # 2 \_\_\_\_\_

The school requires volunteer drivers to have a minimum amount of liability insurance. (1) \$100,000 liability for bodily injury per person; (2) \$300,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000-\$100,000 liability for property damage. Amount on this (these) car(s):

Car #1 Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Uninsured/underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Car #2 Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Uninsured/underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Yes  No Are you licensed to drive a commercial vehicle?

Yes  No Have you been in an accident in the last three years? If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.

Yes  No Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.

Yes  No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? [Note: Our school will not be able to use volunteers with a "yes" answer even if the incident took place before the person became a Christian.]

## **Section II – Requirements for Volunteer Drivers**

I certify that for the \_\_\_\_\_ school year:

- I possess a valid \_\_\_\_\_ (state) driver's license.
- I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.
- I will maintain the minimum insurance coverages required by the school for volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverages are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, that the school's liability insurance policy does not provide primary or direct insurance on my vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted. (Note: This is the only coverage that most nonprofit organizations can provide because of the impossibility of their affording or even obtaining primary or direct coverage on the vehicles of volunteer drivers.)
- I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, no renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated and both the front and back seat will be secured with individual working seatbelts. (No double belting of children is permitted.) As required by state law, I will have a child restraint seat for each child under age 8 or under 80 pounds.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).

- I will read and follow the Driver and Chaperone Instructions 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.

**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 true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Section IV – School Administration Approval**

Approved       Disapproved for addition to the school's Approved Driver List.

Administrator's Signature

\_\_\_\_\_ Date: \_\_\_\_\_