



Form must be filled out EVERY School Year – Return form to School Office

**Volunteer Driver Application Form - must complete BOTH pages/sides
2025-26 School Year**

Volunteer Driver – Personal Information

Name (Last, First, MI) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

Expiration Date: _____ Date of Birth: _____

Volunteer Driver – Vehicle(s) of Use and Insurance Information

Vehicle 1 Make/Model/Yr:

Number of Working Seatbelts: _____ License Plate: _____

Insurance Company: _____

Policy Number: _____ Policy Ending Date: _____

**Does this vehicle have at least insurance minimum liability limits
of 25/50/10: _____ Yes _____ No**

Vehicle 2 Make/Model/Yr:

Number of Working Seatbelts: _____ License Plate: _____

Insurance Company: _____

Policy Number: _____ Policy Ending Date: _____

**Does this vehicle have at least insurance minimum liability limits
of 25/50/10: _____ Yes _____ No**

Complete Other Side

Volunteer Driver – Personal Driving Record

Have you been in an accident in the last three years?

___ Yes ___ No

If you answered YES, please describe the accident and the cause below

Have you been ticketed for moving violations within the last three years?

___ Yes ___ No

If you answered YES, please describe the infractions.

Have you been convicted for DWI/DUI of alcohol or drugs, or had a 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?

___ Yes ___ No

If you answered YES, please describe the infractions below.

I, _____ certify that for the 2025-2026 school year:

- I will possess a valid Wisconsin Driver's license.
- I will maintain liability insurance coverage of the State minimum 25/50/10
- I understand that in case of any type of accident, injury, or vehicle damage that the school's liability insurance policy does not provide insurance on my vehicle.
- I will provide a copy of my current driver's license and insurance card before driving any students.
- I will promptly inform Prairie Hill of any change in information provided on this form.
- To my knowledge my vehicle is in safe operation condition (brakes, tires, oil change, etc.).
- I will read and follow the Wisconsin State Child Passenger Safety-Booster Seat Law (as stated on the Chaperone Guidelines).
- I will notify Prairie Hill if for any reason I wish to be removed from the Approved Driver List.
- I have read and will follow the Field Trip Chaperone Guidelines.

I have attached a copy of my Drivers License and current Vehicle Insurance card to complete this application: ___ Yes ___ No