

## Steps for Volunteer Drivers

### **Drivers: Please read and complete at least two weeks prior to the event for which you are driving.**

#### **Call:**

- Your Auto Insurance Agent. Request that proof of your automobile liability coverage be FAXED to Mr. Jeff Schlade at 216-529-4273.
- *Proof of insurance coverage is required to cover the date of the event.*

#### **Fill out:**

- Page 2 *Volunteer Driver Consent Form (attached).*
- Page 3 *\*Notarized Written Consent Release of Personal Information Form (attached). (Form must be signed in the presence of a \*Notary.)*

#### **Bring with you:**

- Valid Ohio Driver's License.
- "Volunteer Driver Consent" form - must be completed **prior to each event.**
- \*Notarized "Written Consent Release of Personal Information" form - needs to be done **each school year.**
- If notarized by other than notary listed below, all completed forms must then be returned to the Human Resources Department **prior to the event.**

#### **\*Notary**

Taft Center for Innovation  
13701 Lake Ave.  
Heather Burdette,  
Treasurer's Office  
8:30 a.m. – 11:00 a.m. and  
1:00 p.m. – 4:00 p.m.  
Other times call 529-4096

#### **Fingerprinting:**

You must have valid fingerprint results on file with the Human Resources Department. Fingerprinting for volunteers is performed in Human Resources by appointment. Once results are on file in Human Resources, fingerprinting must be renewed every five years.

#### **Principals/Administrators:**

Please sign Page 2 "Volunteer Driver Consent" form and return it to Mr. Schlade in Human Resources.

*Mr. Schlade will notify the principal/administrator by email once driver eligibility has been determined.*



Name of School \_\_\_\_\_

Driver's Name \_\_\_\_\_

Driver's Phone # \_\_\_\_\_

**VOLUNTEER DRIVER CONSENT FORM**

Note: Form must be signed by volunteer driver and sent to Central Office for approval **a minimum of two weeks before the trip.** Approval form will be returned to school prior to the trip. **This form must be completed for each trip.**

I will use my personal vehicle to transport students on an approved school trip to and/or from

Location: \_\_\_\_\_

on date: \_\_\_\_\_.

In volunteering to provide transportation, I have read and agree to the conditions and statements below:

1. I have a valid Ohio Driver's License. **Please provide a photocopy of your driver's license.** On this photocopy, please write your driver's license number. **This is required.** The Lakewood City Schools will obtain a Driver's Abstract from the Bureau of Motor Vehicles prior to the field trip.
2. My vehicle is in safe operating condition.
3. I will obey all traffic regulations while students are passengers in my vehicle.
4. I will be responsible for any traffic citations.
5. I will not transport any more passengers than there are seat belts in my vehicle.
6. All passengers will be required to wear seat belts.
7. I have personal automobile liability insurance, which I understand will provide the primary coverage in case of an accident. (Please have your agent fax verification of your current insurance to 216-529-4273 prior to the field trip.) The Lakewood City Schools liability insurance coverage is in excess to my personal insurance.
8. I will follow the route and time schedule provided by school officials.

\_\_\_\_\_  
Principal's/Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Volunteer's Printed Name

X \_\_\_\_\_  
Volunteer's Signature

X \_\_\_\_\_  
Date



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**NOTARIZED WRITTEN CONSENT  
RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, \_\_\_\_\_ authorize  
FULL NAME SOCIAL SECURITY NUMBER

the Ohio Bureau of Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (name, address, date of birth, and driver license number) and all other information to

\_\_\_\_\_ .  
This authorization extends to records pertaining to my driver license, state identification card, vehicle registration, and Certificate of Title.

This authorization extends to the release of medical and disability information.

YES  NO

SIGNATURE	DATE
<b>X</b>	

**Notary:**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ in \_\_\_\_\_ County,  
State of \_\_\_\_\_.

(Notary Seal)

Signature of Notary Public **X** \_\_\_\_\_ My commission expires \_\_\_\_\_