STUDENT TRANSPORTATION IN PRIVATE VEHICLES

Driver Requirements:
Crosspoint acknowledges the need for responsible volunteer drivers to provide transportation services for ministry activities.

To ensure that private transportation services will be provided in a safe, efficient, and cost effective manner, the following requirements will be met:

1. The driver must be at least 20 years of age if transporting students, possess a valid driver’s license, and have been continuously licensed for a minimum of 3 years. (Exceptions may be considered on a case by case basis)
2. All drivers must have a clean driving record, with no more than 3 driving infractions in the past 3 years.
3. The driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
4. No alcohol or drugs will be consumed prior to or while operating the vehicle. Nor will passengers in the vehicle be allowed to consume alcohol or any illegal drug.
5. Each driver is responsible for inspecting and ensuring that the vehicle he or she will be driving is safe to operate, including safe tires, and that the rules of the road are obeyed at all times.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed.
7. No one may transport more than 9 passengers plus the driver in any vehicle.
8. All occupants must wear seat belts whenever the vehicle is in motion.
9. The use of cell phones or other electronic devices while driving is prohibited, unless the vehicle is equipped with a hands-free system.
10. Smoking of any kind in the vehicle is prohibited.
11. The driver must maintain the required insurance coverages at all times while the vehicle is used for student transportation.
12. In the event of an accident, I will report all details of the accident to Crosspoint as soon as possible but in no event any later than 24 hours after the accident.
13. All trips to and from a place or event on Crosspoint related activities will proceed directly to the event and return directly from the event. No detours will be made for non-church matters.
14. I agree not to allow anyone to drive a church-owned vehicle (or a non-owned vehicle being used on church related matters) that is not an approved driver by Crosspoint.
15. The driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to his/her vehicle. Crosspoint liability insurance does not extend protection to the private driver, unless, the driver has been deemed a volunteer/employee by Crosspoint. If deemed such, Crosspoint liability insurance serves only as excess insurance over the driver’s primary insurance.
To be completed by vehicle owner

Name of Owner (print): ________________________________________________
Address: ___________________________________________________________________________
City, State, Zip: ______________________________________________________________________
Contact Number: ______________________________________________________________________
Name of Driver (print): ________________________________________________
Address: ___________________________________________________________________________
City, State, Zip: ______________________________________________________________________
Contact Number: ______________________________________________________________________
License Number: ___________________________  Expiration Date: ______________________
Type: Employee ______  Volunteer ______  Campus: ___________________________

Vehicle Information:
Model of Vehicle: ___________________________  Make of Vehicle: ___________________________
Year of Vehicle: ___________________________  Vehicle Tag Number: ___________________________
Registration Expiration: ___________________________  Number of Seat Belts: ___________________________

Insurance Information:
Insurance Company: ___________________________  Policy No: ___________________________
Expiration Date of Policy: ___________________________

I certify that I have read the above driver requirements and that they are true and correct. I understand that, if the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met and if an accident occurs, and my insurance coverage shall bear primary responsibility for any losses or claims of damage. To the best of my knowledge, my vehicle is mechanically sound.

Drivers Signature: ___________________________
Date: ___________________________

Please attach a copy of your license and front of your insurance card showing coverage and expiration date of policy.