

## 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 the Recreation Department, attn: Sharon Mathaios at 216-529-4464.
- *Proof of insurance coverage is required to cover the date of the event.*
- **Email: to schedule an appointment with Sharon Mathaios**  
**sharon.mathaios@lakewoodcityschools.org or call 216-529-4082**
- You will complete a background check (if not already on file) and bring the completed forms below and your valid driver's license to this appointment.
  - Volunteer Drivers will be processed at the Recreation Department located at Lakewood High School, on the corner of Bunts and Franklin, using Door 31. Please use the parking lot on Bunts.

### **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.
- *Fully completed "Volunteer Driver Consent" form - must be completed **prior to each event.***
- *\*A notarized "Written Consent Release of Personal Information" form must be done **each school year.***

### **Fingerprinting:**

You must have valid fingerprint results on file with the Lakewood City School District. Fingerprinting for volunteers is performed in the Recreation Department. Once results are on file, fingerprinting must be renewed every five years.

### **Principals/Administrators:**

Please verify the full completion and accuracy of and then sign Page 2 "Volunteer Driver Consent" form so it can be returned to the Volunteer to bring to their appointment.

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

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

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

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

**VOLUNTEER DRIVER CONSENT FORM**

Note: Form must be signed by the volunteer driver and sent to the Recreation Department for approval **a minimum of two weeks before 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 216-529-4464 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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Approved

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

\_\_\_\_\_  
Date

**NOTARIZED WRITTEN CONSENT  
RELEASE OF PERSONAL INFORMATION**

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

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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.

SIGNATURE

DATE

X

**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 \_\_\_\_\_