

## **VOLUNTEER PERSONAL AUTOMOBILE USE FORM**

[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

## REQUIRED INFORMATION

Date Received by District:	Received by:
Printed Name Sign	ature Date
not let anyone other than myself and permission from the District to allow a competition <b>if</b> the destination involves a expense and with District permission, I c	ole driver of the Vehicle for any given activity, event, or competition. I will authorized Students ride in the Vehicle. However, I may seek written nother child of mine to ride in the Vehicle to a specific activity, event, or n activity, event or competition generally available to the public or, at my an purchase admittance for such other child.
unsafe due to weather or other natural co	e I have reason to believe may be mechanically unsafe or that may become nditions. I will not transport Students unless I have a working seatbelt for it all times by myself and all transported Students. The Vehicle(s) may be
lack of sleep, or distraction of any kind.	impaired, whether due to alcohol, drugs (prescription or nonprescription). I will at all times comply with California law regarding proper operation of all speed limits and posted signs and placards.
For the safety of our Students, in signing below	y, you are also agreeing to the following rules and requirements:
<u>VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS</u>	
Vehicle(s) License Plate No.:  Insurance Carrier:  Policy Number and Expiration Date:  Liability Coverage Limits:  We also require a photocopy of (a) your Driver's License or Insurance Policy exprequired before you will again be eligible to tra (a) obtain a copy of your Driver Record Histocheck, and (c) contact your insurance compa pursuant to Insurance Code Section 11580.96 coverage for any resulting bodily injury or if at all, only after your insurance coverage is	(Minimum Required: \$50,000/100,000 liability and \$25,000 property damage)  ver's license, and (b) your Insurance Policy Declarations Page. Should ire during the school year, updated photocopies showing their renewal are insport Students. By signing below, you are also authorizing the District to ry and status of your Driver's License, (b) conduct a criminal background my to confirm your insurance status. Also, please also be advised, that d), in the case of an accident, your insurance will provide the primary property damage. The District's automobile liability coverage will apply exhausted through the payment of covered claims. The District does not be rehensive, uninsured motorists, or collision coverage for your vehicle.
Vehicle(s) Year/Make/Model:	
Calif. Driver's License No. & Exp. Date:	
Name of Driver:	