

**Volunteer/Employee Vehicle Usage-Transporting Students**  
(For use by everyone driving students other than their own children to an Educational Activity)  
ES: Keep this form on file in parent folder. Mail to office if requested.

Please Check One:  Volunteer  School Employee

School Name: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Activity Destination: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Driver And Insurance Information**

Name of Driver: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Moving violations received, if any, in the past 3 years? # \_\_\_\_\_ \*Explain: \_\_\_\_\_

Number of accidents, if any, in the past 3 years? # \_\_\_\_\_ \*Explain: \_\_\_\_\_

*\*(Use additional sheet, if necessary, for explanation and attach it to this form)\**

Insurance Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Private Vehicle Information**

Name of Owner: \_\_\_\_\_ License Plate#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Seating Cap: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Home/Work#: \_\_\_\_\_

**Driver Statement: I Certify That:**

- \*The vehicle is equipped with seat belts for all occupants.
- \* The vehicle is regularly maintained and kept in good mechanical condition.
- \* I am 21 years of age or older.
- \* I have a valid California driver's license and there are no restrictions preventing me from transporting students in my vehicle.
- \* I have been a licensed driver for at least three(3) years.
- \* I have not had more than one(1) conviction for a moving violation in the past three(3) years which was not dismissed.
- \* I have had no convictions for reckless or drunk driving or other major violations.
- \* I meet the following Western Placer Unified School District's vehicle insurance requirements:  
Bodily Injury Liability \$50,000 per person/ \$100,000 per occurrence and Property Damage \$25,000 per occurrence.
- \* I consent to the school district checking my driving record with the DMV.
- \* The information provided by me in this form is true and correct.

***"California law provides as follows:"*** All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims'.(Ed.Code35330)"

**MY SIGNATURE ON THIS FORM SHALL CONSTITUTE AN INFORMED & KNOWING WAIVER AS REQUIRED BY LAW.**

Volunteer/Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ES's Signature: \_\_\_\_\_ Date: \_\_\_\_\_