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 #: Choose one: 1. If other than Private Vehicle, describe other form of transportation: 2. If Private Vehicle, fill out rest of form and read attached "Volunteer/Employee Vehicle Transporting Students "Rules & Regulations" form. **Driver And Insurance Information** Name of Driver: Date of Birth: City/State/Zip: Address: 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#: City/State/Zip: Address:

Work Phone#:

Updated 01/09/2018 (508)

Home Phone#:

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Vehicle	Make:	Model:	Year:	Seating Cap:
Registered Owner:			Home/Work#:	
	 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. 			
		rict checking my driving re n provided by me in this fo		
waived during parents	all claims agai or by reason of	nst the district or the State the field trip or excursion of pupils taking out-of-state	e of California for injury, a All adults taking out-of-s	scursion shall be deemed to have accident, illness, or death occurring state field trips or excursions and all shall sign a statement waiving such
My sig	nature on this	form shall constitute ar	d informed and knowi	ng waiver as required by law.
Volunte	er/Employee's	Signature:		Date:
ES's Signature:				Date: