

DRIVER INFORMATION: (please print)

DATE: ____/____/____

Name: _____

Address: _____
STREET CITY STATE ZIP CODE

DOB: ____/____/____ Cell #: (____) ____ - ____ Home #: (____) ____ - ____

Driver's License Number: _____ State: _____ Exp: ____/____/____

E-mail: _____@_____.

MULTIPLE VEHICLE INFORMATION: (please print)

Vehicle License Number: _____

Make: _____ Model: _____

Year: _____ Color: _____ Seats: _____

Registration Exp: ____/____/____

Registered Owner: _____

Address: _____
STREET CITY STATE ZIP CODE

Phone #: (____) ____ - ____

Vehicle License Number: _____

Make: _____ Model: _____

Year: _____ Color: _____ Seats: _____

Registration Exp: ____/____/____

Registered Owner: _____

Address: _____
STREET CITY STATE ZIP CODE

Phone #: (____) ____ - ____

Vehicle License Number: _____

Make: _____ Model: _____

Year: _____ Color: _____ Seats: _____

Registration Exp: ____/____/____

Registered Owner: _____

Address: _____
STREET CITY STATE ZIP CODE

Phone #: (____) ____ - ____

Vehicle License Number: _____

Make: _____ Model: _____

Year: _____ Color: _____ Seats: _____

Registration Exp: ____/____/____

Registered Owner: _____

Address: _____
STREET CITY STATE ZIP CODE

Phone #: (____) ____ - ____

INSURANCE INFORMATION: (please print)

Insurance Carrier: _____ Phone #: (____) ____ - ____

Policy Number: _____ Date Issued: ____/____/____

Expiration Date: ____/____/____

Type of Insurance Coverage:

- Liability Collision Comprehensive

Coverage Amounts:

Each Person: \$ _____ Each Accident: \$ _____ Property Damage: \$ _____

*****Please attach a photocopy of your current Driver's License*****

DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check your vehicle. Tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was de-signed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Always drive safely and do not text while driving, limit phone usage and use hand-free devices to take calls while driving
6. Make sure all ventures are using seatbelts at all times and that they follow your rules in the car. Please let a supervisor know if they do not abide.

DRIVER STATEMENT

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose a danger while transporting students.

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems.

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Print Name: _____

Signature: _____

Date: ____/____/____