

## DAVIS JOINT UNIFIED SCHOOL DISTRICT 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:	RΔ	eceived hv
Printed Name	Signature	Date
4.		
permission, I can purchase admi	ittance for such other child.	
destination involves an activity,	event or competition generall	Illy available to the public or, at my expense and with Distriction $\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{$
		the Vehicle. However, I may seek written permission fro Vehicle to a specific activity, event, or competition <b>if</b> to
		hicle for any given activity, event, or competition. I will n
District representatives.		
		ansport Students unless I have a working seatbelt for earll transported Students. The Vehicle(s) may be inspected by
		lieve may be mechanically unsafe or that may become unsa
including compliance with all sp		
		te to alcohol, drugs (prescription or nonprescription), lack with California law regarding proper operation of the Vehicle
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VEHICLE SAFETY AND TRANSP For the safety of our Students, in signi	'OKTATION PROCEDURE ng below, you are also agreeir	ES AND REQUIREMENTS ing to the following rules and requirements:
•		
possess at least the minimum insurance	•	d motorists, or collision coverage for your vehicle. You mu
apply, if at all, only after your insuran	nce coverage is exhausted three	rough the payment of covered claims. The District does n
		the case of an accident, <b>your insurance will provide the damage</b> . The District's automobile liability coverage w
		us. Also, please also be advised, that pursuant to Insuran
		iver's License, (b) conduct a criminal background check, as
		hool year, updated photocopies showing their renewal a By signing below, you are also authorizing the District to (
		b) your Insurance Policy Card/Declarations Page. Shou
Liability Coverage Limits:		
Policy Number and Expiration Date:		
Insurance Carrier:		
Vehicle(s) License Plate No.:		
Vehicle(s) Year/Make/Model:		
Calif. Driver's License No. & Exp. Da	nte:	
Name of Driver:		