

Almost all Band Events that take place off of the DHS campus require drivers to transport students and equipment. We ask that:

- 1. All parents fill out the DJUSD Volunteer Driver Form;
- 2. Provide a photocopy of Driver's License; and
- 3. Provide a copy of your proof of insurance card <u>or</u> the declarations page of your policy.

Please return this information to Mr. Slabaugh by Monday 9/19/2016.





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.

Date Received by District:

| Printed Name | Signatur | ·e | Date | |
|---|--|---|--|--|
| | | | | |
| destination involv | | etition generally ava | ele to a specific activity, event, or all able to the public or, at my expens | |
| District representa 3. I am over the age let anyone other t | atives. of 25 and will be the sole of than myself and authorized S | river of the Vehicle Students ride in the V | for any given activity, event, or com Vehicle. However, I may seek writte | npetition. I will no en permission fron |
| 2. I will not transport due to weather of | or other natural conditions. | re reason to believe n I will not transport | nay be mechanically unsafe or that n Students unless I have a working ansported Students. The Vehicle(s) may | g seatbelt for each |
| sleep, or distraction | on of any kind. I will at all t | imes comply with Ca | lcohol, drugs (prescription or nonprealifornia law regarding proper operation | |
| | ND TRANSPORTATION dents, in signing below, you | | D REOUIREMENTS he following rules and requirements: | |
| By signing below, you Driver's License, (b) co status. Also, please also in the case of an acc property damage. The exhausted through the | renewal are required befare also authorizing the District a criminal background be advised, that pursuant ident, your insurance will be District's automobile liabile payment of covered claim | ore you will again to rict to (a) obtain a control check, and (c) contains to Insurance Code of the provide the primality coverage will a ms. The District do | copy of your Driver Record History act your insurance company to confi Section 11580.9(d) and Vehicle Comary coverage for any resulting apply, if at all, only after your insurance not cover, nor is the Districtle. You must possess at least the many coverage for any resulting apply. | and status of your irm your insurance de Section 17150 bodily injury of arance coverage is et responsible for |
| | | | r Insurance Policy Card or Declary ng the school year, updated photo | Ţ. |
| Student name: | | | | |
| Policy Number and Expi | ration Date: | | | |
| Insurance Carrier: | NO | | | |
| Vehicle(s) Year/Make/M Vehicle(s) License Plate | | | | |
| Calif. Driver's License N | | | | |
| Name of Driver: | | | | |
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Received by: