

LODI UNIFIED SCHOOL DISTRICT

**VOLUNTEER DRIVER APPLICATION**

Transporting Students in a Private Vehicle

Exhibit 3541.6 B

School Site: \_\_\_\_\_

Department/Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_

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

This application is not complete without the following documents.

- |                                   |   |   |  |  |
|-----------------------------------|---|---|--|--|
| DMV Release Form                  | Fingerprint clearance                         | <input type="checkbox"/> Valid Driver License | <input type="checkbox"/> Current Vehicle Registration(s) | <input type="checkbox"/> Copy of Insurance Declaration page with expiration date |
| <input type="checkbox"/> Attached | <input type="checkbox"/> Certificate attached |   |  |  |
| <input type="checkbox"/> On file  | <input type="checkbox"/> On file              |   |  |  |
|                                   | <input type="checkbox"/> EIN _____            |   |  |  |

**DRIVER INFORMATION:**

Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**DRIVER HISTORY:**

\_\_\_\_\_ Have you ever been convicted for driving while intoxicated or under the influence (DWI/DUI)? If yes, please explain below, including incident date(s). If not, please note N/A or None.

\_\_\_\_\_ Have you ever had your license suspended or revoked? If yes, please explain below, including incident date(s). If not, please note N/A or None.

\_\_\_\_\_ Within the last 5 years, have you been involved in any vehicular accident(s) while driving, regardless of fault? If yes, please explain below, including incident date(s). If not, please note N/A or None.

**INSURANCE INFORMATION**

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp.: \_\_\_\_\_

**VEHICLE INFORMATION**

	Vehicle #1	Vehicle #2	Vehicle #3
Year			
Make/Model			
License Plate #			
Registration Expiration			

continued on next page

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**COMPLIANCE STATEMENTS**

Please read each statement carefully and initial each item.

- \_\_\_\_\_ I will immediately advise the District if there is any material change in the information provided on this application, including, but not limited to, changes in my driving history, vehicles to be used for volunteer activities, or changes to my personal vehicle insurance coverage.
- \_\_\_\_\_ If using a personal vehicle, I agree to use only those vehicles listed on the driver application.
- \_\_\_\_\_ In the event of a vehicular accident while driving a non-district-owned vehicle as part of volunteer services, my personal insurance will be primary.
- \_\_\_\_\_ I understand that I am solely responsible for all costs and consequences of any traffic or parking violations that may be incurred while performing driving duties during a volunteer activity.
- \_\_\_\_\_ All passengers will be provided with an individual operative safety restraint system (two passengers cannot "share" a seatbelt), including use of booster seats when mandated by California state law.
- \_\_\_\_\_ The total number of passengers in the vehicle, plus the driver, will not exceed the maximum number the vehicle is designed to carry. Occupants shall only occupy the passenger compartment of a vehicle, i.e. no riders in the bed of a truck.
- \_\_\_\_\_ No child under 8 years old will be allowed to ride in a front passenger seat, except as specified in the vehicle code. I will attempt to place all children between 8 and 16 years in rear seating whenever possible.
- \_\_\_\_\_ Students will not be left unattended in the vehicle.
- \_\_\_\_\_ All student passengers must provide a permission slip signed by a parent/guardian prior to being transported.
- \_\_\_\_\_ I will not consume alcoholic beverages, use any tobacco products, or use any illegal or other controlled substances - other than medication prescribed by a physician - when performing volunteer driving activities. I will refrain from any volunteer driving activities if taking physician-prescribed medication that includes a warning to not drive or operate machinery while under the influence of the medication.
- \_\_\_\_\_ I will only operate those vehicles for which I am appropriately licensed.

By signing this application below, I declare and certify that:

- The information given on this form is true and correct to the best of my knowledge and belief.
- I have not knowingly provided fraudulent or misleading information nor omitted any material details for the sole purpose of obtaining clearance as a District-approved volunteer driver for which I would not otherwise be eligible.
- I am 21 years of age or older, have a minimum of 5 years of licensed driving experience, and that I possess a valid unexpired state-issued driver license.
- My current insurance coverage(s) meet the required minimum coverage limits and I agree that these limits will be maintained at all times during any volunteer driving activities I may perform. Limits: 100,000/300,000 Bodily Injury; 50,000 Property Damage; 5,000 Medical; 100,000/300,000 Uninsured Motorist.
- Vehicles used during volunteer activities will be maintained in safe operating condition, i.e. brakes, tires, etc.
- I will observe all driving/safety laws mandated by the State of California, including, but not limited to, compliance with speed limits, and NO use of electronic devices except as authorized through use of hands-free technology, and then only on an as-needed basis.
- My driving record does **NOT** include DWI/DUI offenses and has less than two (2) DMV points within the last five (5) years.
- I consent to the district checking my driving record with DMV by providing a 10-Year DMV driving record as requested.
- I have read, understand, and will comply with all items outlined in the above Compliance Statement section.

Driver's Signature	Date	Administrator's Signature	Date
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