



## **Instructions and Criteria for Transporting Gilroy Unified School District Students**

- All Drivers must be over 21 years of age.
- Drivers must provide a copy of the Insurance Declaration (Automobile Insurance coverage) as a part of the Application for Volunteer Drivers to the Transportation Supervisor.
- Driver License shall be in possession when volunteering and operating a vehicle for Gilroy Unified School District. A copy of Driver License will be taken and kept on file at Gilroy Unified Transportation Department, along with application form.
- Volunteer drivers will be placed on the DMV pull notice program (Form INF1101 provided). This program will notify Gilroy Unified School District of any actions taken against your California Driver License.
- Upon initial application, drivers will need to provide Gilroy Unified School District with a DMV K-4 driving history. Complete DMV form INF 1125 (form provided) at a local DMV office; on line driving histories will not be accepted. The DMV K-4 shall be dated not more than 30 days prior to Application submission.
- All applications are valid for one school year. If a volunteer does not submit an updated application packet each school year, they will be removed from the DMV pull notice program. If at a future date volunteer wants to drive for a GUSD activity, they will need to submit a new DMV K-4.
- All Applicants shall obtain DOJ/FBI fingerprint clearance and submit clearance of TB to the Human Resources Department, 7810 Arroyo Cir., Gilroy CA.
- Applicant must submit copies of valid Insurance Declarations and or driver license if documents have expired during the current school year to GUSD's Transportation Department.
- If driving a GUSD vehicle volunteer must be an employee of GUSD.
- Drivers may not have more than "1" point on their driving record with the California Department of Motor Vehicles. Exceptions are at the discretion of the Transportation Supervisor.
- Drivers may not have a conviction of Driving under the influence of alcohol or controlled substances.
- All passengers shall wear seatbelts in accordance to California Vehicle Code 27315. Children 12 and under shall not ride in the right front passenger seat; children under the age of 8 or who's height is 4 foot 9 inches or less shall be transported in the appropriate child safety seat.
- Vehicles that have the ability to transport more than 10 person's including the driver, shall not be used (California Education Code 39830).

- All passengers must travel in the passenger compartment of the vehicle. NO passengers may travel in the bed of a pick-up truck.
- Drivers shall not driver after a 16 hour work day has elapsed or drive more than eight (8) consecutive hours in a 16 hour work period.
- Driver shall abstain from alcohol or controlled substances during scheduled activity, even if not scheduled to drive.
- Drivers shall have full knowledge and adhere to California Laws regarding basic speed law and Safe driving practices in California Department of Motor Vehicles handbook.
- Drivers shall follow any reasonable direction of the Administrator/designee in charge of the school's event or activity in matters such as departure times, itinerary and supervision of students.
- Drivers are responsible and shall never transfer the driving to someone that is not approved as a Volunteer driver through the GUSD's Transportation Department.
- Volunteer Driver status may be revoked for a violation received during the transportation of GUSD students as a Volunteer Driver, or for a moving violation that has an assigned point count of "2" on their driving record.

**My signature acknowledges I have read and understand the Rules and Criteria for being a Volunteer Driver for Gilroy Unified School District and I have maintained a copy of the Rules and Criteria.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete Application includes:**

- **Current Insurance Declaration**
- **Copy of current Driver License**
- **Completed GUSD #153**
- **Signed DMV Pull Notice Authorization Form**
- **First time applicants, complete DMV INF 1125 form**
- **First time applicants must include a DMV K-4**
- **Complete DOJ/FBI Fingerprint Clearance**
- **Submit Clearance of TB**

<p><b>Transportation Use Only</b></p> <p>Date ID card mailed _____</p> <p>Type of mailing: District [ ] US Mail [ ]</p>
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A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM**

**AUTHORIZATION FOR  
RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,  
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving  
record, to my employer, Gilroy Unified School District, Volunteer Driver Program  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at  
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,  
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code  
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my  
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
Gilroy	Santa Clara	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, Patrishia Tice, of Gilroy Unified School District  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of  
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am  
requesting driver record information on the above individual to verify the information as provided by said individual. This  
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information  
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any  
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal  
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five  
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I  
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to  
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Gilroy	Santa Clara	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program  
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website  
at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND  
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**



REQUEST FOR OWN  
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)  
OR  
VEHICLE/VESSEL REGISTRATION (VR) RECORD

FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check.  
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD  
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

Certify the record as a true copy of record on file with Department of Motor Vehicles  
(No Charge).

**REQUESTER'S INFORMATION PLEASE PRINT CLEARLY**

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

(       )

SIGNATURE

DATE

X

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD  
(Complete boxes A & B)

VEHICLE/VESSEL REGISTRATION  
RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

**DMV USE ONLY**

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to  
DMV Headquarters:

Department of Motor Vehicles  
P.O. Box 944247 MS G199  
Sacramento, CA 94244-2470

INF 1125 (REV. 7/2018) WWW

**Complete if mailing.**

Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 7/2018) WWW

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS