

HEIGHTS CHRISTIAN SCHOOLS

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Dear HCS Families,

At Heights Christian Schools, volunteers are highly valued. Volunteers are an important part of our ministry; we want and need your assistance! We often ask for volunteers to assist in the classrooms, on field trips, to serve as chaperones for overnight excursions, and more. Without volunteers, we could not do all of the things that we believe add to the overall educational experience of our students. Having said that, student safety is a top priority for us, and we are constantly pursuing best practices in student protection.

Beginning in January 2015, volunteers have been asked to complete an application packet in order to be certified to become a Heights Christian Schools volunteer. Completing the volunteer application process at your child's school, a place that already feels like home, has the potential to be frustrating. Please be assured that we will do everything that we can to soften the process of background checks and paperwork, but we are committed to our Volunteer Certification process as a school for the reasons mentioned above. The paperwork included in the Volunteer Packet has been reviewed and merged with individual forms used for specific events in the past. This is a one-time application process. Once you complete this certification process, you will be approved for the rest of your time at HCS, as long as your child/children remain continuously enrolled in our schools. Clearance checks will be automatically performed annually with no additional paperwork to be completed by you.

If you have already completed your volunteer certification, we are grateful. If you have yet to complete the process, it is easy to get started. Simply complete the Volunteer Application, along with the Volunteer Code of Conduct and the Confidential Background Check and return them to the school office. Also required for all volunteers, as per the newly signed into law AB 1667, is a current TB Risk Assessment. (*Information regarding the TB requirement is included in the Volunteer Packet.*) The turnaround time for processing volunteer applications is about two weeks, so please plan ahead to ensure that you can be involved in both on and off campus activities throughout the school year. *If you are transporting students, you will also need to complete the Driver Verification form.*

Once again, thank you for your willingness to serve as a volunteer at Heights Christian Schools. If you have any questions, or need assistance with this process, please inquire in the school office.

In His Service,

Kelly Beckert, President
Heights Christian Schools



HEIGHTS CHRISTIAN SCHOOLS

VOLUNTEER PACKET OVERVIEW

Volunteer Policy: All volunteers must have a completed application packet on file. Unfortunately, no exceptions will be made to this policy. Because we do not want anyone to miss an opportunity of participating in a school-sponsored trip or activity, please plan ahead. Generally, there is a two-week turn around to process application packets.

Volunteer Packet: The Volunteer Packet includes a letter from our Superintendent, the Volunteer Application, the Confidential Background Check form, the Volunteer Code of Conduct form, and the Volunteer Packet Overview page.

Application Processing: Please return the completed application packet to the School Office for processing. Volunteers will be notified when the application has been processed and the applicant is eligible to volunteer. Once approved, volunteers will be issued a volunteer badge.

Volunteer Opportunities include:

- Assisting the teacher in the classroom
- Assisting in the Library or Computer Lab
- Assisting with special events on campus
- Field trip chaperone
- Overnight chaperone for special class trips
- Clerical work on campus
- Helping with fundraisers on campus
- Transporting students for athletic and/or ACSI events**
- Helping with afterschool sports/student activities

**** Transporting Students**—Those interested in transporting students for athletic and/or other off-site school events must also complete the Driver Verification Form. An updated form is required for each new school year.

FORMS TO BE RETURNED TO THE SCHOOL OFFICE:

- Completed Volunteer Application
- Signed Volunteer Code of Conduct
- Completed Confidential Background Check
- TB Risk Assessment
- Driver Verification (*if transporting students*)



HEIGHTS CHRISTIAN SCHOOLS

VOLUNTEER APPLICATION

Please print in ink and fill out completely. Please allow two weeks for processing. You will be notified when the process is complete, and you are eligible to volunteer.

Current Volunteer Area(s) of Interest: Check all that apply.

- Preschool
 Elementary
 Intermediate
 Jr. High
 Athletics
 Student Activities
 Extended Trips
 Field Trips
 Office
 Fundraising
 Other: _____

Student Name: _____

Volunteer Name: _____ Date of Birth: _____

Driver's License #: _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Number of Years at present address: _____ If less than two years, please give previous address:

Previous Address: _____

City, State, Zip: _____

Marital Status: Single Married Divorced Widowed Spouse's Name: _____

Occupation: _____ Place of Employment: _____

Employment Address: _____

The following questions are part of a process to help provide a safe and secure environment for our students. All information is confidential.

Have you ever been arrested, and/or convicted of, or pleaded guilty to any crime? Yes No

Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing, or molesting any child? *This includes sexual misconduct with a minor.* Yes No

If you answered "Yes" to either of the above questions, please explain in detail, including dates and place of incident.

Applicant's Statement: The information contained in this application is correct to the best of my knowledge. I give Heights Christian Schools (HCS) the right to secure information about me. I hereby release from liability and hold harmless HCS and its representatives from any and all costs, claims, losses, liabilities or damages arising from or in any way related to my service as a volunteer.

Signature: _____ Date: _____

Required for all applicants under 18 years of age:

Parent or Guardian Signature: _____ Date: _____

Please attach a letter of reference from either Pastor/School Teacher or Previous Volunteer Supervisor.

Please return this application to the School Office, along with the Volunteer Code of Conduct, the Confidential Background Check, a TB Risk Assessment, and the Driver Verification, if transporting students.



HEIGHTS CHRISTIAN SCHOOLS

VOLUNTEER CODE OF CONDUCT

As a volunteer:

1. I understand that I need to have a HCS school official/staff member to report to or coordinate with on campus when volunteering.
2. I will sign in at the front office during office hours every time I am on campus to volunteer.
3. I do not have free access to the campus during school hours beyond the scope of the work as an HCS volunteer; I will not be issued keys.
4. I will wear a volunteer identification badge as required by the school.
5. I will dress neatly and modestly at all times, as an example to students.
6. I will only use the adult bathroom facilities while on campus.
7. I agree to never be alone with individual students.
8. I agree to follow HCS guidelines for appropriate verbal and physical interactions with students, including students addressing volunteers respectfully by Mr. or Mrs. Avoid sarcasm and harsh kidding or joking with students. Appropriate physical interactions include thumbs-up, handshake, touch or pat on the arm or shoulder, or a side hug. Inappropriate interactions including any grabbing or pulling of clothing or limbs, pinching, flicking, kissing, or allowing students to hang on a volunteer, or allowing a student to sit on the lap of a volunteer should be avoided.
9. I will not use home contact information provided to me by the school for personal business, nor will I provide it to others without administrative approval. I will not provide solicitors with personal information.
10. I will maintain confidentiality outside of school and will share any concerns that I may have with appropriate teachers and school administration only. (What I hear and observe about students, families, and staff while volunteering is completely confidential. For schools to provide the best environment for learning, everyone's privacy must be respected. Any violation of confidentiality can result in loss of my volunteer status.)
11. I agree to perform under the direction and supervision of school personnel/administration. I agree to know and follow school policies and procedures. (The school at its discretion and without a statement of reasons may suspend any volunteer from further volunteer activities.)
12. I agree to adhere to the school driving policies. I will not transport students other than my own family unless I have a current "Driver Verification" form (annual renewal required) on file at HCS.
13. I will not take, use or share photographs of students and/or staff, including on social media, nor will I use or disseminate student/staff personal information.
14. I understand and acknowledge that I am volunteering to support the staff and teachers of HCS. The teacher is responsible for maintaining student discipline and determining my role and duties as a volunteer. While on campus, if I have any concerns regarding another student(s) behavior or specific situation, I am to address them to the attention of the child's teacher or daycare worker on duty. It is not my duty as a volunteer to discipline or intervene directly with other students.
15. Under Penal Code 290.95, I am required to disclose to school officials if I am a registered sex offender. My failure to disclose this fact could result in my arrest, prosecution and likely imprisonment. By placing my name below, I declare under penalty of perjury, that I am not a registered sex offender, and that I have not had convictions for sex or drug related offenses or for crimes of violence, and there are no criminal charges pending against me.

I agree to follow the HCS Code of Conduct at all times in my role as a Heights Christian School volunteer. Any violation of the above terms may result in my losing my volunteer status.

Student Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____



HEIGHTS CHRISTIAN SCHOOLS

CONFIDENTIAL BACKGROUND CHECK

FILL IN ALL BLANKS AND PRINT CLEARLY

Today's Date: _____

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Social Security #: _____ - _____

School Campus: IP/JH BR CH LM Trip Location: _____

IMPORTANT: A background check cannot be completed without all the above information, including a Social Security Number. Parents who have not received clearance cannot serve as overnight chaperones.

I understand that in the interest of protecting our students, all volunteers participating in school field trips or other activities are subject to a **Confidential Background Check**.

I understand that the results of the background check will remain confidential and will not be disclosed, distributed, or shared with anyone other than as necessary within the school administration.

I hereby request Heights Christian Schools to search for any information that pertains to any record of conviction, or any criminal file maintained on me whether local, state or national. I hereby release said agency from any and all liability resulting from such disclosure.

I certify by my signature below that I have not been convicted of a felony, and all of the information provided above is true and accurate.

SIGNATURE: _____

OFFICE USE ONLY

SEARCH INITIATED ON: Date: _____ By: _____

REPLY RECEIVED ON: Date: _____ Clear Not Clear

SCHOOL NOTIFIED ON:
Date: _____ Via: _____ By: _____



HEIGHTS CHRISTIAN SCHOOLS

TUBERCULOSIS (TB) RISK ASSESSMENT

Assembly Bill 1667 was signed into law on September 15, 2014, effective January 1, 2015. Under the new law, all school volunteers must furnish a certificate, "showing that within the last 60 days the person has submitted to a tuberculosis *risk assessment* and, if tuberculosis risk factors are identified, has been examined and has been found to be free of infectious tuberculosis. If no risk factors are identified, an examination is not required." Following initial assessment, individuals who have no identified tuberculosis risk factors, or who tested negative are required to undergo the risk assessment, and, if risk factors are identified, the examination, at least once in every four successive years. Individuals who have tested positive are no longer subject to the risk assessment.

A TB Skin Test completed within the last 60 days can be provided in lieu of a Risk Assessment certificate. Both the TB Skin Tests and the TB Risk Assessment certificates must be completed and resubmitted every four years.

Individuals with a documented positive TB Skin Test must have an initial chest radiograph (x-ray). After that, screening every four years is still required.

California State Immunization Requirements mandate that all students enrolled in a California school must present evidence of a TB Skin Test. Therefore, additional documentation from student volunteers will not be required.



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new** risk factors since the last negative test.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

Yes

- If there is a **documented** history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries **other than** the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.

Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____ mo./_____ day/_____ yr.

Date of Birth: _____ mo./_____ day/_____ yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>



HEIGHTS CHRISTIAN SCHOOLS

DRIVER VERIFICATION

This form must be complete and approved prior to transporting students.

I volunteer to drive my personal vehicle and provide transportation for students to and from various field trips, sporting events, and cheer events. This authorization is valid from the beginning for September _____ through June _____.

1. Driver Name: _____
2. CA Driver's License Number: _____ Exp. Date: _____
3. Vehicle Year: _____ Vehicle Make: _____
4. Vehicle in Safe Operation Condition: _____
5. Insurance Policy Number: _____ Exp. Date: _____
6. Insurance Company and Agent: _____
7. Insurance Policy Limits*: _____

*The minimum limits for volunteer drivers is to be no less than ***\$50,000 per person/\$100,000 per accident or \$100,000 combine single limit***. In accordance with California law, the insurance on a specific vehicle is the primary coverage in the event of an accident. The insurance of HCS becomes effective once the policy limits of the specific vehicle are exhausted. Additionally, ***California law mandates that all parties being transported in a motor vehicle be secured with a shoulder strap, lap strap/belt, or both.***

You will carry only the number of passengers for which your vehicle was designed. In no case will you drive a vehicle with the capacity to carry more than 10 persons (the driver plus nine passengers). Vehicles that have a capacity to carry more than 10 occupants constitutes a school bus and requires a special license.

I have read the above statement and fully understand that my person auto insurance is the primary insurer if an accident should occur during the course of the trip.

I have attached a copy of my Driver's License and Insurance Policy.

Driver Signature: _____ Date: _____

Driver Address: _____

Driver Phone Number: _____