

**Thompson School District R2-J
Student Travel Volunteer Driver Authorization**

This authorization is for driving students to a scheduled district activity in a private vehicle. **All student transportation to district-sponsored events, which involve mountain driving or metropolitan destinations, is to be in district vehicles.** Thompson School District does not insure privately owned vehicles or vehicles owned by other agencies. Terms and conditions of master insurance policies apply.

Only licensed drivers, 21 years or older, are authorized to drive participating students to scheduled district activities.

Proof of insurance coverage is to be submitted to the school with this form. In the event of a collision or incident, the insurance coverage and associated financial obligation will be the sole responsibility of the vehicle owner.

Student Activity _____ School _____ Destination _____

I have a valid Colorado driver's license and have provided a copy of it and a copy of my current motor vehicle report, along with this form. (MVR's can be obtained from a driver's license office located at 118 E. 29th St., Loveland, 667-7247, 1121 W. Prospect Rd, Ft. Collins, 494-9809 or 917 S. Main Street #600, Longmont, 303-776-4073 or contact your auto insurance agent for assistance.)

I verify that the vehicle used for student travel (as identified above) satisfies the conditions as outlined.

1. The vehicle is in good operating condition.
2. All occupants of the vehicle will use seat belts whenever the vehicle is in motion.
3. Children under the age of eight (8) will not be transported in this private vehicle.
4. The number of passengers being transported will not exceed the capacity of the vehicle.
5. Under no circumstances will vans with a capacity of 12 or more passengers be allowed to transport students; the use of any motorcycles, motor homes, recreational vehicles, and convertibles to transport students is prohibited as well.
6. There is auto liability insurance coverage on the vehicle, which meets the minimum Standards of the Colorado Financial Responsibility Law. The District's insurance carrier recommends that individuals contact their own auto insurance agent to determine appropriate levels of coverage when transporting students and to insure that this authorization doesn't violate or void any provisions of their policy.

I agree to follow all traffic laws and district policies while transporting students to and from the designated activity. I will make sure the items in my vehicle would be acceptable in a classroom setting; I will not carry a concealed weapon, even if I'm legally permitted to do so, while transporting or supervising students.

I have included proof of insurance with this form and I understand that the District does not insure my vehicle.

The insurance company providing coverage for this vehicle is _____

Volunteer Driver (Print Name) Address (including city and zip code)

Volunteer Driver (Signature) Date

Note: Sponsors, forward all information to insurance office for review prior to the trip. Please allow at least one week for verification of MVR.

- Distribution:
1. Principal
 2. Sponsor
 3. District Insurance Office

Return completed authorization with copies of driver's license, current motor vehicle report record (MVR) and proof of insurance coverage to school