

TRACY UNIFIED SCHOOL DISTRICT
VOLUNTEER DRIVER REQUIREMENTS
(Athletics / Field Trips)

Before you can use your personal vehicle to transport students on field trips or other school activities, you must complete the following District Requirements **(Since the DMV and DOJ are involved in this process, we recommend that you start process at least 2-3 weeks before the event)**. Return the enclosed forms to the school office for review.

District Requirements:

- Volunteer Application (attached)
- TB Test
 - Please make an appt. with your Physician if your test results are over 4 years old.
- DOJ Clearance/Fingerprinting
 - Our HR office will contact you to schedule an appt. upon receipt of your paperwork.
- Use of Private Vehicle Form (attached)
 - Copy of current liability insurance indicating coverage of \$100,000/\$300,000 per occurrence and \$50,000 property damage or higher
 - Copy of valid driver's license
 - Copy of car registration
- DMV Pull Notice Form (attached)

Driver Safety Information:

- Comply with all traffic laws.
- Prior to departure, check the safety of your vehicle: tires, brakes, lights, horn, suspension, windows, windshield wipers, mirrors.
- Transport only the number of passengers for which your vehicle was designed to carry with seatbelts. Under no circumstances are students to be transported in the bed of a truck or pick-up.
- Make sure you are well rested and focused. Avoid distractions such as changing the radio station, eating and drinking, reading driving directions and cell phone use.
- Be aware of weather conditions and adjust your travel time accordingly. Frequently look ahead at the area you will be in the next 8 to 10 seconds to identify a hazard before it becomes an immediate danger. Leave plenty of space between yourself and the vehicle in front of you.

In case of emergency, stay calm, keep all students together and call your trip coordinator and/or coach.

Under California Law, your insurance carrier has primary responsibility if you are involved in an accident while transporting students on a school-sponsored trip.

PRIOR EXPERIENCE: Please list below any prior experience in which you have worked as a volunteer.

PERSONAL REFERENCES (Relatives not included):		
Name	Address	Telephone
Name	Address	Telephone

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I understand that false statements on the application shall be considered sufficient cause for dismissal. I release from all liability persons and organizations reporting information required by this application. My signature below authorizes release of information in connection with my application for volunteering. Further, I hold harmless any individual or firm for any information that it may provide in this investigation which may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Tracy Unified School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: Law enforcement agencies and information for any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

SIGNATURE _____ **DATE** _____

School Acknowledgement by:

Principal _____ Date _____

Comments: _____



To be completed by Human Resources.

Fingerprinting Appt. _____

DOJ: _____ FBI _____ School Notified: _____

SID: _____

TB Exp: _____

Code: _____



USE OF PRIVATE VEHICLE IN TRANSPORTING PUPILS

SCHOOL: _____

SPORT/EVENT: _____

TO: Parents, Teachers, Coaches, and/or other adult volunteers providing private vehicle transportation for pupils traveling to and/or from school sanctioned activities.

We are appreciative of your willingness to volunteer private transportation to assist in the transportation of pupils to and from school sanctioned activities. District Policy requires in such cases that the school principal verify prior to the trip that the driver of the vehicle is properly licensed and insured. Therefore, we request that you complete the Certification Form, detach it, and return it to the school office prior to the scheduled trip.

Our District Insurance Advisor has provided us with the following statements explaining the degree of liability assumed by those persons who voluntarily provide their privately owned vehicles to transport pupils and the minimum automobile insurance coverage required.

- 1. The insurance coverage of the owner of the vehicle is primary in the event of accident.**
- 2. The owner of the vehicle assumes primary responsibilities for liability incurred in the transporting of the students.
- 3. The owner is required to have paid for and maintained automobile liability insurance with limits equal to or exceeding the following:

Bodily Injury	\$100,000	Each Person
	\$300,000	Each Occurrence
Property Damage	\$50,000	

Use of private vehicle for approved field trips: The District considers District buses or chartered private carrier buses as the preferred means of transporting pupils; however, it may on occasion be necessary to utilize private vehicles such as parents or teachers' vehicles. In such cases, arrangements for the private vehicles shall be made by the school principal or the teacher in charge of the activity. It is the responsibility of the school principal to ascertain that the driver is properly licensed and to make the person is aware of the liability he or she assumes when volunteering to provide transportation.

REQUIRED CERTIFICATION BY VEHICLE OWNER

I _____ have read and understand the above information. I certify that the privately owned vehicle which I have provided to transport pupils on a school sanctioned trip is to the best of my knowledge, in good working condition, and that I have at least the required minimum insurance coverage as stated above by the District Insurance Advisor. If I am to be the driver, I further certify that I possess a current valid California Driver's License for this type of vehicle, and that I will obey the laws of the State of California pertaining to the operation of a motor vehicle.

(Signature)

(Date)

(Address)

(Phone Number)

CERTIFICATION BY DRIVER OF VEHICLE
(if other than owner)

I _____ have read and understand the above information. I certify that I have the permission of the above named owner to drive the vehicle, that I possess a current valid California Driver's License for this type of vehicle, and that I will obey the laws of the State of California pertaining to the operation of a motor vehicle.

(Signature)

(Date)

VOLUNTEER DRIVER INFORMATION

DRIVER INFORMATION (please print):

Name: _____

Address: _____

Street

City

State

Zip

Driver's License Number: _____ DOB _____ / _____ / _____

Number

State

Mo

Day

Year

Driver's License Expiration Date: _____ / _____ / _____

Mo

Day

Year

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND A COPY OF YOUR INSURANCE POLICY REFLECTING THE MINIMUM LIMITS LISTED ABOVE.

VEHICLE INFORMATION:

Make: _____ Model: _____

Year: _____ Registration Expiration: _____

Vehicle License Number: _____ Seating Capacity: _____

Registered Owner: _____ Phone Number: _____

Address: _____

Street

City

State

Zip

INSURANCE INFORMATION:

Insurance Company: _____ Phone Number: _____

Policy: _____

Number

Date Issued

Expiration Date

*Limits of Liability: _____

*The minimum acceptable limits of liability (including uninsured/underinsured motorist coverage) on the vehicle should be \$100,000/\$300,000 and \$50,000 property damage)

I certify that the above information is correct, I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past 5 years and I have received and reviewed the Driver Safety information.

Signature: _____

Date: _____

Reviewed and Approved By:

Principal or Designee

Date



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, Tracy Unified School District
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
Tracy	San Joaquin	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, _____, of Tracy 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
Tracy	San Joaquin	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. or by calling 916-657-6346.