



# Volunteer Personal Vehicle Use

Program/Project Name: 6 Cups to College Mentor Program

### Driver Information

Driver's Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Driving Restrictions: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Vehicle Year, Make, Model: \_\_\_\_\_ Vehicle License No. \_\_\_\_\_

Automobile Liability Insurer: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_

### Certification and Authorization

I have agreed to use my personally or a privately owned vehicle for volunteer transportation. I understand that Stanislaus County Office of Education does NOT provide insurance coverage for such personally or privately owned vehicles. Rather, the vehicle owner and driver are responsible for all such insurance coverage and all costs associated with an accident or liability and are advised to consult their insurance policy regarding coverage. By signing this form I also certify the following:

1. All the information I have provided in this form is correct and accurate.
2. I have automobile liability insurance coverage currently in force as indicated, and I agree to inform SCOPE in writing if there are any changes to that policy or in other information provided during my volunteer service.
3. I currently have a valid California Driver License.
4. Every passenger in the car has an operating seatbelt which must be used.
5. The vehicle rated capacity may not be exceeded in the vehicle I am driving.
6. The vehicle I am driving is properly registered and is safe and in good operating condition.
7. I agree to abide by all current applicable provisions of the California Vehicle Code.
8. I accept the terms of the indemnity provision below.
9. I have carefully read this form.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

### Indemnity Provision (Vehicle Owner)

Vehicle owner agrees and accepts his/her obligation to manage and control his/her vehicle in a safe and lawful manner. Vehicle owner agrees to defend and indemnify SCOPE, its employees, officers and agents from any claim, action or lawsuit brought by anyone that arises out of, or is in any way connected to, the operation of the owners of the private vehicle pursuant to this certificate and authorization.

\_\_\_\_\_  
Owner Name (Please Print)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

I have read the above and approve the use of this vehicle for the purpose stated.  Approved  Denied

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date