Oroville Union High School District

Employee/Volunteer Personal Vehicle Use Form

Driver Instructions

When using your vehicle to transport students on field trips or other school activity trips, please:

- 1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by the District for each occurrence.
- 2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
- 3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
- 4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with the law.
- 5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
- 6. Obey all traffic laws.
- 7. Take the most direct route to the destination or event without unnecessary stops.

Employees and volunteers must be at least 21 years of age to transport a student in a personal vehicle or to drive a district vehicle.

In case of emergency, keep all the students together and call **911** and the District office at 530-538-2300.

Oroville Union High School District

Employee/Volunteer Personal Vehicle Use Form

Driver (circle one):	Employee	Parent/Guardian	Volunteer
Jame Date of Birth			
Address	Address Driver's License #		
Name Date of Birth Address Driver's License # Telephone # () CDL Expiration Date			
What activity are you	udriving for? _		
VEHICLE INFORMA	TION:		
Name of Owner			Year
Address			Make
			License Plate #
Registration Expiration			Seating Capacity
INSURANCE INFOR	MATION:		
damage each accid	lent. Please a	ttach copy of insura	h accident and \$50,000 property ince policy coverage page). _Policy # Expiration Date
DRIVER STATEMEN	NT:		
or alcohol within the understand I must ha of any changes in the safe. I understand the responsibility for any would be used only a	past five years ave insurance e above inform nat if an accide losses or clain after my policy	s and that the information coverage in force and nation. I further certify ent occurs, my insurar ms for damages. I un limits have been exce	g or driving under the influence of drugs tion given above is true and correct. I l agree to advise the District, in writing, that the above vehicle is mechanically nee coverage shall bear primary derstand that the District's liability policy eeded. I understand the District does ollision coverage to my vehicle.
I certify that I have re	eceived and wi	Il abide by the driver i	nstructions provided by the district.
Name			_Date