



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

BUILDINGS, GROUNDS & TRANSPORTATION
937 Southwood, San Luis Obispo, CA 93401-3062
Phone: (805) 596-4111 x40203 | Fax: (805) 543-3537
PHILLIP TARVER, TRANSPORTATION SUPERVISOR

Dear Volunteer Driver,

This information packet provides the procedures to follow to ensure that all volunteers interested in driving students have been screened appropriately to provide for maximum safety for all students in San Luis Coastal Unified School District. "Drivers" are classified as Level 4 Volunteers, meaning they are not always supervised by a certificated employee and will be driving students. Level 4 Volunteers are required to have the following:

Volunteer Packet (for ALL volunteers):

Cover letter
Volunteer Q and A
Application to Volunteer in the Public Schools (VIPS)
Volunteer Code of Conduct
Volunteer Confidentiality Agreement

Additional Paperwork:

- Levels 2-4: Current tuberculosis (TB) clearance (i.e., within the past four (4) years)
- Levels 3-4: Fingerprint Clearance: District Consortium Live Scan Request Form

Driver's Additional Requirements:

- Instructions for Transporting SLCUSD Students
- Driver Information Form
- Authorization for Release of Driver Record Information (DMV pull notice program)
- Copy of the first page of driver's Automobile Insurance Policy Declaration
- Copy of the Driver's License

Please submit all the required paperwork to the school site. Once received, the approval process will typically take 5-10 work days to complete. The school site will notify you once all requirements have been met. Please note that you cannot transport students until you receive confirmation from the site that you are cleared to drive. We appreciate your interest in being a volunteer driver in our school district.

Very Sincerely,

Phillip Tarver

Phillip Tarver
Transportation Supervisor



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

BUILDINGS, GROUNDS & TRANSPORTATION
937 Southwood, San Luis Obispo, CA 93401-3062
Phone: (805) 596-4111 x40203 | Fax: (805) 543-3537
PHILLIP TARVER, TRANSPORTATION SUPERVISOR

Instructions for Transporting San Luis Unified School District Students

All drivers must be at least 21 years of age, in good health demonstrating the ability to transport students, and complete SLCUSD's process for driving students and be cleared to drive.

- Provide proof of current automobile insurance (copy first page of policy declaration of coverage).
- Have in his/her immediate possession a valid California Driver's License when operating a vehicle (present to district employee, and a copy will be made and maintained by the District, along with the Driver Information form).
- Complete the DMV pull program authorization form provided so the District is notified of any actions against your California Driver's License.
- All drivers and passengers shall wear seat belts in accordance with California Vehicle Code 27315.
- The number of passengers, including the driver, shall not exceed the number of permanently attached seats and seat belts. The number of passengers in any one vehicle shall not be more than ten (10) persons including the driver (California Education Code 39830).
- All passengers must travel in the passenger compartment of the vehicle. NO passengers may travel in the bed of pick-up trucks.
- Driver shall have full knowledge of current DMV rules and regulations (see California Driver's Handbook). California's "Basic Speed Law" states that you must never drive faster than is safe for the present road condition, regardless of the posted speed limit.
- Driver shall abstain from the use of alcohol and illegal drugs during the school event/activity, even during the times driver is not scheduled to drive.
- Driver shall follow any reasonable direction of the Administrator/Designees in charge of the school event/activity in matters such as departure time, itinerary and supervision of students.
- **Drivers are responsible and shall never transfer the driving to someone who has not submitted and been cleared to transport students by SLCUSD's Transportation Department.**

I have read and received a copy of these rules and regulations.

Print Name

Signature

Date



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

BUILDINGS, GROUNDS & TRANSPORTATION
937 Southwood, San Luis Obispo, CA 93401-3062
Phone: (805) 596-4111 x40203 | Fax: (805) 543-3537
PHILLIP TARVER, TRANSPORTATION SUPERVISOR

Volunteer Driver:

Driver's Name _____
Last First Middle Initial

Administrator/Designees/Teacher in Charge: _____

School Site/Department: _____

CDL No. _____ Class C _____ Class B w/P _____ Expiration Date _____

Please check here if you will only be using District vans.

If you will use your own private vehicle to transport SLCUSD students, please fill out the following:

Name of Registered Owner of Vehicle: _____

Address: _____

Make of Car: _____ Year: _____ Seating Capacity: _____

License Plate Number: _____ Registration expires: _____

Insurance Company: _____ Policy Number: _____

Company Phone: _____ Policy Expiration Date: _____

Liability Limits on Policy: _____ *(Provide copy of first page of policy declaration of coverage)* _____

I have read and understand the "Rules and Regulations for Transporting San Luis Coastal Unified School District Students." I understand I will be placed on the DMV pull notice program.

Driver's Statement: *I certify that I have not been convicted of reckless driving or driving under the influence of drugs and/or alcohol in the past five years and that the information given above is true and correct. I understand that if an accident occurs, my personal automobile insurance coverage shall be the primary responsibility for any losses or claims of damage.*

Volunteer Driver's Signature _____ Date: _____

Contact Phone Number: _____

Transportation Dept Signature: _____ Date: _____



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

SECTION 1 — DRIVER 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, _____ 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) §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

DATE SIGNATURE OF EMPLOYEE X

SECTION 2 — AUTHORIZED REPRESENTATIVE CERTIFICATION

I, _____, of _____ 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 §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 §118) and false representation (CVC §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 §§1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE

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 dmv.ca.gov/otherservices, or by calling 916-657-6346.

PLEASE RETAIN AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MAKE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.