

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
USE OF VEHICLE ON SCHOOL BUSINESS

Volunteers

The Roseville Joint Union High School District recognizes the importance of out-of-class room learning experiences and athletic events. The District will continue to make every effort to provide transportation whenever possible, but there are times when vehicles and/or personnel are not available. (See Administrative Regulation [AR] 3542.5.) Volunteers who are unsupervised or likely to be alone with students must fill out a district volunteer information form, be DOJ and FBI fingerprinted, TB tested and cleared through the District Office before driving students unsupervised. (See AR 1240)

District Employees

The Schools Insurance Group will provide insurance coverage for bodily injury and property damage to the limit of the policy with respect to individually-owned automobiles being used by the above with permission of the district in the course of school business. The individual's policy will be primary, and the district policy will be secondary. No coverage will be provided for comprehensive or collision to the individual's automobile under the school policy. Any accident should be reported to the district office and to the individual's insurance carrier on the automobile involved (AR 3530.1).

DRIVER AGREEMENT

I hereby agree that the Roseville Joint Union High School District may check my driving record through the California Department of Motor Vehicles. I have read and further agree to abide by all district policies regarding transportation of students as stated in AR 3542.5 and the RJUHSD Transportation Department "SAFE DRIVING PRACTICES" brochure.

_____ Driver Signature _____ Date

PRINT NAME OF DRIVER			
School			
Position in District – Circle One	Teacher - Coach - Aide - Admin - Volunteer - Other_____		
Email Address			
Cell Phone #			
Address	_____		
	Street	City	State ZIP
Driver's License	_____		_____
	CDL # & Class	Expiration Date	
<input type="checkbox"/>	Complete the top section of Side 2 – DMV Pull Notice Authorization		

COMPLETE THE SECTION BELOW FOR PERSONAL VEHICLE APPROVAL

Vehicle Information	_____		
	Year	Make	Model License #
Policy # / Insurance Carrier			
Expiration Date			
Coverage Limits:	_____ / _____		_____
	Liability / Bodily Injury		Property Damage
Name & Phone # of Agent (if known)			

TRANSPORTATION DEPARTMENT USE ONLY
ORIGINAL FILED IN THE TRANSPORTATION DEPARTMENT

Ins. Declaration Copy of CDL Added to DMV PNP (see Side 2) -- Volunteer cleared by DO



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, ROSEVILLE JOINT UNION HIGH 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 ROSEVILLE	COUNTY PLACER	STATE CA
DATE	SIGNATURE OF EMPLOYEE X	

I, _____, of ROSEVILLE JOINT UNION HIGH 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 ROSEVILLE	COUNTY PLACER	STATE 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.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

INF 1101 (REV. 9/2004)

ORIGINAL FILED IN THE TRANSPORTATION DEPARTMENT