

DEL MAR MIDDLE SCHOOL  
105 AVENIDA MIRAFLORES  
TIBURON, CA 94920  
415-435-1468

Volunteer Driver Information:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Year/Make of Auto: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Insurance Carrier/Agent: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability limits: \_\_\_\_\_

I certify that the above information is correct and that the insurance coverage is in force. I understand that I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle(s) is(are) mechanically safe. Reed Union School District minimum acceptable limits of \$100,000/\$300,000 for bodily injury and \$25,000 property damage are required. The undersigned agrees that each passenger will be provided with a seatbelt and that seatbelts will be worn at all times. The undersigned further agrees that the passenger capacity of his/her vehicle determined by the number of seatbelts will not be exceeded. If your vehicle is equipped with a passenger-side air bag, it is suggested that children in grades K-6 or under age 12 be seated in back seats(s) only. NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

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Signature

Date