



VOLUNTEER DRIVER CERTIFICATION FORM

School: _____

Have you been approved to volunteer? If not, STOP and complete the *Volunteer Application* first. If yes, attach a copy of approval and complete Sections I through IV below.

The undersigned acknowledges that the purpose of this declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transportation of students to and from school-sponsored and supervised activities, field trips, and excursions.

Student Name: _____ Grade: _____ Teacher: _____

I. Driver Information: Must be at least 21 years of age. Attach a copy - front and back - of Driver's License

Name: _____ Driver's License #: _____ Expiration Date: _____

Check box(es) that apply: Parent/Legal Guardian _____ District Employee _____ Coach _____

Address: _____ City _____ State _____ Zip code: _____

Phone #: _____ Email: _____

II. Vehicle Information: Attach a copy of private vehicle registration card.

Owner: _____ License Plate #: _____ Registration Expires: _____

Year: _____ Color: _____ Make & Model: _____

Seating Capacity with Available Seat Belts: _____

III. Insurance Information: Attach a copy of the Insurance Policy Declaration Page.

Insurance Company: _____ Policy Number: _____

Phone #: _____ Website: _____ Email: _____

Expiration Date: _____ Liability Limits of Policy: _____

IV. Driver Certification: Please read. Initial that you understand each item. Sign and Date. Keep one copy with you when using your vehicle to transport students. All vehicles must be covered by liability insurance of at least \$100,000 per person and \$300,000 per occurrence for bodily injury, and \$100,000 per occurrence for property damage. Volunteer drivers must keep their proof of insurance while transporting students. The District does not provide insurance coverage for volunteer drivers either in place of, or supplementary to their personal automobile liability insurance or any physical damage. All volunteer drivers of private or rented vehicles will not be reimbursed for the cost of operating the vehicle. Use of personal vehicles where hazardous road conditions exist is prohibited – this includes hazardous conditions declared by California Highway Patrol or any other government agencies authorized to monitor road conditions. No adult may smoke, have in his/her immediate possession a lighted pipe or use tobacco products, alcohol or drugs while there is a minor in the motor vehicle, whether the motor vehicle is in motion or at rest (Health & Safety Code 118948). The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten (10). Trucks and pickups may not transport more persons than can legally sit in the passenger compartment with a seat belt. Drivers must require each passenger to use a safety seat belt. Seat belts are not to be shared. Children under eight (8) years of age or under 4 feet 9 inches in height must be secured in a car seat or booster seat in the back seat. Allow only age-appropriate vehicle entertainment (talking, radio or movie). Transport only students whose parents/legal guardians have given advance written permission to the school. The adult supervision to student ratios must be observed at all time with maximum 1 adult per 4 students or minimum 1 adult per 8 students for Grades TK–8. Be in contact with the teacher or other person designated to supervise the field trip to obtain specific directions, including scheduled times for departure and return to school, driving routes that must be followed, special clothing or tools, need for lunch, need for medications, etc. Use a cell phone only as legally authorized, only with a hands-free device, and only safe to do so. In case of emergency, keep all students together; call 911 and call the School Office/designated staff.

_____ I agree to provide the District with a copy of my liability insurance coverage policy that meets or exceeds the required limits above. I will not drive unless my vehicle is safe. I understand that if an accident occurs, by law, my insurance policy coverage is used first and shall bear primary responsibility for any losses or claims for damages (Ed. Code § 35330).

_____ I certify that I have not been convicted of a felony and that I am not a registered sex offender as defined by Megan's Law, Penal Code § 290.

_____ I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past 3 years.

_____ I hold the District, its employees, agents, and volunteers harmless from liability/claims which may arise in connection with my child's participation in this activity (Ed. Code § 35330).

I, the undersigned, certify that I am a volunteer driver and that the information given above is true and correct. I have read and understand all the instructions/guidelines above by the Oak Grove School District, and I will abide them.

Driver's Signature: _____ Date: _____

Principal/Designee: _____ Date: _____