



## INSTRUCTIONS FOR VOLUNTEER DRIVERS OF PRIVATE VEHICLES

Please comply with the following when using your vehicle to transport students during approved field trips or other school activities or events.

1. Register with the District by completing the following forms available at school sites and returning them to the school office.
  - a) Classroom Volunteer and Field Trip Chaperone or Driver Application - Form CUSD #217
  - b) Vehicle Safety Certification Form - Form CUSD #212 A
  - c) B - Auto Service Record - CUSD #212
  - d) DMV Driving Record
    - Log on to [www.dmv.ca.gov](http://www.dmv.ca.gov)
    - Complete a Request for Driving Record (cost \$2.00)
    - Print out and submit to school office along with other forms.

Also provide the District with a copy of:

- e) Your valid driver's license
- f) Current vehicle registration
- g) Valid vehicle insurance card
- h) The attached TB Risk Assessment form

The above paperwork must be completed and returned to the site where you intend to drive. If you volunteer to drive at more than one site, you need only complete this paperwork once, and let the second site know that you have completed the paperwork for another site. This paperwork is valid for the current school year ONLY and must be re-submitted each school year.

### 2. Fingerprint Requirements: Volunteer drivers must clear a DOJ/FBI Background Check

A DOJ/FBI Background Check need only be completed **ONCE** during your time with CUSD. Fingerprinting completed for any other organization cannot be accepted. For CHS Athletics, you will be provided the fingerprinting paperwork upon completing on the paperwork list in 1 above. For all other drivers, please visit the CUSD District Office, Human Resources Department, to pick up fingerprinting paperwork. For questions, please contact the Human Resource Department at 831-624-1546.

3. Notify the District of any changes in information noted on forms that you have provided to the District and submit updated copies of your driver's license, vehicle registration and vehicle insurance card when they are renewed.
4. Carry only the number of passengers for which your vehicle was designed.
5. 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.
6. Do not smoke a pipe, cigar, cigarette or vape while there are minors in the vehicle, as required by law.
7. Obey all traffic laws.
8. Take the most direct route to the destination or event without unnecessary stops.
9. In case of emergency, keep all students together. Call 911 and the Principal of the School or other District official coordinating the event.

**CLASSROOM VOLUNTEER AND FIELD TRIP CHAPERONE OR DRIVER APPLICATION**

**CUSD appreciates parent volunteer service. The District, however, needs to ensure that all volunteers maintain complete confidentiality regarding all student issues and agree to abide by all school rules and district policies. This form is to be completed by all regular classroom volunteers, field trip chaperones or drivers before serving in any of these capacities. By signing this form you agree to these conditions while volunteering in CUSD.**

**PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE**

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Student's Name(s): \_\_\_\_\_

Volunteer at School Site(s): \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Availability (Circle all that apply): Mon / Tues / Wed / Thurs / Fri / Sat All Day / Mornings / Afternoons

If you are driving a private vehicle, CUSD Form # 212a *Vehicle Safety Certification* and # 212b *Auto Service Record* must also be completed and on file with Carmel Unified School District.

	Yes	No
Have you ever been convicted of a felony or entered a plea of "no contest" to a felony charge?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor or entered a plea of "no contest to a misdemeanor charge?"	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>
Are any criminal charges currently pending against you?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of these questions, please explain on the back of this form. A "yes" response may not necessarily disqualify you from volunteering.

I swear under penalty of perjury that the information I have provided is true. I understand that providing false information will disqualify me from volunteering. By my signature below, I certify that I have agreed to volunteer my services in the Carmel Unified School District. I acknowledge that I have agreed to perform these services without any promise or expectation of compensation. I offer my services freely to the Carmel Unified School District in order to further a civic purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Numbers**

Name	Relationship	Phone

**CARMEL UNIFIED SCHOOL DISTRICT**

**MINIMUM REQUIREMENTS FOR PUPIL TRANSPORTATION BY PRIVATE VEHICLE**  
**VEHICLE SAFETY CERTIFICATION**

- 1. **INSURANCE:** Public Liability/Bodily Injury \$100,000/300 Per Accident  
Property Damage 25,000 Per Accident  
Medical Payments 5,000 Per Passenger
- 2. **VEHICLE SERVICE:** Verification of safety of brakes, steering, tires, exhaust system and lights.
- 3. **SAFE DRIVING RECORD:** Department of Motor Vehicle inquiry may be made prior to approval.

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A. I have read Carmel Unified School District Administrative Regulation 3544.2 and understand the requirements.

B. I have insurance with: \_\_\_\_\_  
Policy# \_\_\_\_\_ Effective Dates \_\_\_\_\_

Coverage:

Public Liability/Bodily Injury \$ \_\_\_\_\_ Per Accident

Property Damage \$ \_\_\_\_\_ Per Accident

Medical Payments \$ \_\_\_\_\_ Per Accident

C. I have had a vehicle inspection within the last three months and attached a copy of the service record.

D. I authorize the Carmel Unified School District to make an inquiry into my driving record with the Department of Motor Vehicles.

Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** The Carmel Unified School District does not provide insurance coverage for drivers who transport school children.

**FORM MUST BE RENEWED ANNUALLY**

Original: Principal  
Copy: Business Office  
Copy: Driver

CARMEL UNIFIED SCHOOL DISTRICT

AUTO SERVICE RECORD

\_\_\_\_\_  
Car Owner (Please Print Name) Date

Year of Vehicle: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Mileage: \_\_\_\_\_ Color: \_\_\_\_\_ License: \_\_\_\_\_

Serial Number: \_\_\_\_\_

<u>CHECK FOR OPERATION</u>	<u>CHECKED</u>	<u>OK'D BY (INITIALS)</u>
1. Steering	_____	_____
2. Brakes	_____	_____
3. Exhaust System	_____	_____
4. Tires: pressure	_____	_____
tread	_____	_____
5. Lights: tail lights	_____	_____
brake lights	_____	_____
headlights	_____	_____
turn signals	_____	_____
emergency flashers	_____	_____
6. Number of Seatbelts	_____	_____

\_\_\_\_\_  
Name of Inspection Agency Phone Number

\_\_\_\_\_  
Address Zip

\_\_\_\_\_  
Signature of Mechanic Date

**MUST BE COMPLETED WITHIN THREE (3) MONTHS OF DATE OF APPLICATION**

## Field Trip Drivers, Chaperons and Passengers

Drivers are to carry a copy of this completed form along with copies of permission slips for students in their vehicles.

Destination: \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_

Return Date and Time: \_\_\_\_\_

Sponsoring Teacher: \_\_\_\_\_

**Drivers are required to carry a cell phone and are responsible for having it fully charged.  
Drivers may not use a cell phone while driving without an appropriate hands free device.**

**Car# 1**

Driver: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Passengers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Car# 2**

Driver: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Passengers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Car# 3**

Driver: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Passengers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Car# 4**

Driver: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Passengers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**TEACHERS:** Before leaving on your field trip, complete this form, give a copy to the office, a copy to each driver and keep a copy for yourself, along with copies of all permission slips.

See over for more vehicles.

## Adult Tuberculosis (TB) Risk Assessment Questionnaire

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

This risk assessment will be reviewed by a licensed health care provider (physician, physician assistant, registered nurse, nurse practitioner)

**Employee**     **Non-Employee**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Site/Title: \_\_\_\_\_ Home/Cell Phone Number: \_\_\_\_\_

History of positive TB test or TB disease?      **Yes**       **No**

*If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*

If there is a "Yes" response to any of the questions #1-5 below, then an appointment with a CUSD Registered Nurse must be completed to determine whether a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors		
1.	Do you have one or more signs and symptoms of TB ( <b>prolonged</b> cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Since your last TB test have you had close contact with someone with infectious TB disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Are you a foreign-born person? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you stayed in a high TB-prevalence country for more than 1 month since your last TB test? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are you a current or former resident or employee of a correctional facility, long-term care facility, hospital, or homeless shelter?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**By signing below, I certify all information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Referral for Testing:      **YES**       **NO**

Tuberculin skin test or Interferon Gamma Release Test Completed: Date: \_\_\_\_\_ Chest X-Ray Completed: Date: \_\_\_\_\_

***The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified has been examined and determined to be free of infectious tuberculosis.***

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

Health Care Provider: **Deborah Taylor**      Title: **RN**

Telephone: **831-624-1821 Ext-2014**      Fax: **831-626-4313**

Office Address: **3600 Ocean Ave., Carmel, CA 93923**