Ventura USD
Exhibit
School-Related Trips

E 3541.1
Business and Noninstructional Operations

PERSONAL VEHICLE USE FORM

VEHICLE USE:

Destination:

Start Date: End Date:

DRIVER (circle one): Employee Parent/Guardian Volunteer

Name: Date of Birth:

Address: Telephone No.

Driver's License No.: Expiration Date:

Driving Restrictions:

VEHICLE INFORMATION

Name of Owner: Year:

Address: Make:

License Plate No.: Registration Expires:

Seating Capacity:

INSURANCE INFORMATION

Insurance Company: Policy No.:

Telephone No.: Expiration Date:

Liability Limits of Policy:

DRIVER STATEMENT

I certify the following:

1. The above information is correct and the insurance coverage is in force.

2. I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.

3. The above vehicle is mechanically safe.

4. I have read and understand the district "Personal Vehicle Use Instructions" on the reverse side of this form.

5. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Driver Signature: Date:

School/Site Administrator Signature: Date:

Original Site:

Exhibit VENTURA UNIFIED SCHOOL DISTRICT
Version: ~~July 8, 2008~~ Ventura, California
revised: ~~September 14, 2010~~
revised: ~~February 14, 2012~~
revised: November 12, 2019