



Acalanes Union High School District

Volunteer Personal Automobile Use

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Affiliated Student's Name: _____ Date: _____

Grade: _____ Student ID#: _____ School: _____
(Full Name of School)

Activity / Sport: _____ Season: ☐ Fall ☐ Winter ☐ Spring

Please attach a current copy of the following:

☐ Automobile Insurance Coverage Declaration (not a bill) ☐ Valid CA Driver License w/current address

Driver's Name: _____

Phone: _____ Cell: _____

Vehicle Yr., Make, Model: _____

Vehicle License No. _____ Passenger Capacity (Including Driver): _____

Automobile Liability Insurer: _____

Policy No.: _____ Expiration Date of Policy: _____

☐ I certify that I have met the minimum vehicle insurance requirements per occurrence as listed below.

- Bodily Injury Liability (BI): Each Individual - \$100,000; Total Each Accident - \$300,000
- Property Damage Liability (PD): Total Each Accident - \$25,000
- Medical Payments Each Individual - \$5,000
- Uninsured Motorist Coverage: Each Individual - \$100,000; Total Each Accident - \$300,000

OR

- Combined Single Limit (BI & PD): \$300,000; Medical Payments Each Individual - \$5,000
- Uninsured Motorist Coverage: Each Individual - \$100,000; Total Each Accident - \$300,000

☐ **Certification and Authorization**

I have agreed to use my personally or a privately owned automobile for the transportation of students to school-related activities. I understand that Acalanes Union High School District does NOT provide insurance coverage for such personally or privately owned vehicles. Rather, the vehicle owner and driver are responsible for all for such insurance coverage and all costs associated with an accident and are advised to consult their insurance policy regarding coverage. By signing this form I also certify the following:

1. All the information I have provided in this form is correct and accurate.
2. I have automobile liability insurance coverage currently in force as indicated, and I agree to inform the District in writing if there are any changes to that policy or in other information provided during the course of my volunteer service.
3. I have a valid California Driver License and I am 23 years of age or older.
4. Every passenger in the car has an operating seatbelt which must be used.
5. The vehicle rated capacity may not be exceeded in the vehicle I am driving.
6. The vehicle I am driving is properly registered and is safe and in good operating condition.
7. Student drivers may not transport other students on any field trip or school-related activity.
8. I agree to abide by all current applicable provisions of the California Vehicle Code.
9. I accept the terms of the indemnity provision below.
10. I have carefully read this form.

Driver Signature

Date

☐ **Indemnity Provision (Vehicle Owner)**

Vehicle owner agrees and accepts his/her obligation to manage and control his/her vehicle in a safe and lawful manner. Vehicle owner agrees to defend and indemnify the Acalanes Union High School District, its employees, officers and agents from any claim, action or lawsuit brought by anyone that arises out of, or is in any way connected to, the operation of the owners of the private vehicle pursuant to this certificate and authorization.

Owner Name (print)

Signature

Date

DISTRICT USE ONLY

School Personnel Signature

Date

☐ Approved ☐ Denied