



VOLUNTEER DRIVER INFORMATION

Driver Information: (please print)

Name: _____

Address: _____
street
city
state
zip code

Driver's License (#/State/) _____ / _____ DOB: _____ / _____ / _____ Expiration: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Vehicle License No.: _____

Registered Owner: _____ Phone: _____

Address: _____
street
city
state
zip code

Insurance Information:

Carrier: _____

Agent Name: _____ Phone: _____

Policy Number: _____ Date Issued: _____ Expiration Date: _____

Limits of Liability: _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least \$100,000 per person/\$300,000 per accident bodily injury and \$50,000 per person property damage minimum insurance coverage in effect on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger while transporting students. **I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION (California Education Code 35330 and 5 CCR 55220).**

I have attached a copy of the following: (1) current Driver's License, (2) copy of insurance policy showing limits, and (3) my driving record obtained from the DMV.

Name printed: _____ Date: _____

Signature: _____