



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 completed document to your own computer. Duplicate fields will be repopulated after your first entry.

Affiliated:
Date: _____ **Student's Name:** _____

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

Thank you very much for volunteering to help out with transporting students to or from District events. We appreciate your support in assisting our students.

Before you drive students you need to be aware of several things and we need certain information from you as noted below:

1. If you drive your personal automobile while transporting students to or from events and you are involved in an accident, your own insurance policy covers any liability which you may have to the policy limits. The District liability policy provides coverage only after your liability exceeds your personal liability limits. Please check your personal insurance policy as some companies do not cover student transportation. Neither the District nor its automobile coverage is liable for comprehensive or collision coverage on your vehicle.

Yes - I will be a volunteer driver:

Name (please print) Signature Date

2. By signing this form you are certifying the following:
 - a. All the information you have provided in this form is correct and accurate.
 - b. You have automobile liability coverage currently in force as indicated below, and agree to inform the District in writing if there are any changes to that policy or in other information provided during the course of your volunteer service.
 - c. You have a valid California Drivers License.
 - d. Every passenger in the car has an operating seatbelt.
 - e. To the best of your knowledge and belief, your vehicle is safe and in good operating condition.
 - f. You have carefully read this form.
3. Information Requested:

Name of Driver _____		California Drivers License No. _____	
Expiration Date _____	Year, Make of Vehicle _____	Vehicle License No. _____	
Issuer of Insurance Policy & Address _____			
Telephone No. _____			
Liability Limits _____	Policy No. _____	Expiration Date _____	
_____ Name		_____ Signature	_____ Date

DISTRICT USE ONLY

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____