

**RIALTO UNIFIED SCHOOL DISTRICT
USE OF PRIVATE VEHICLE FOR SCHOOL ACTIVITY**

_____ School

Complete this form and submit to the Risk Management Office approximately two weeks prior to the date of the event.

DRIVER INFORMATION (Please print)

Name: _____

Address: _____

Street

City

State

Zip Code

California Driver's License Number: _____

Please attach a copy of current Driver's License.

VEHICLE INFORMATION (Please Print)

Make: _____ Model: _____ Year: _____

Vehicle License Number: _____

Registered Owner: _____ Phone Number: () _____

Address: _____

Street

City

State

Zip Code

INSURANCE INFORMATION (Please Print)

Insurance Carrier: _____

Insurance Agent: _____ Phone Number: () _____

Address: _____

Street

City

State

Zip Code

Policy Number: _____

Date Issued: _____ Expired Date: _____

Please attach a copy of the Declaration of Insurance Coverage verification.

NOTE: A copy of your insurance card is not acceptable proof of coverage.

TO BE READ AND COMPLETED BY DRIVER:

It is understood that this trip is subject to the following conditions:

1. The owner of a private vehicle (transporting students) provides primary auto liability insurance coverage in the case of injury to passengers. Drivers must possess auto liability insurance coverage for their vehicle as prescribed by State law. The District **requires** additional auto liability coverage for the vehicle at a minimum coverage of Public Liability & Bodily Injury - \$100,000/\$300,000 per occurrence; Property Damage - \$50,000 per occurrence; and Medical Payment -\$5,000. Auto liability insurance is specific to the vehicle rather than the driver.
2. The trip is voluntary and student passengers cannot be under the age of 18 without parental or guardian consent. All student passengers shall provide permission slips signed by their parents/guardians. Teachers shall ensure that all drivers have a copy of the permission slip for each student riding in his/her vehicle.
3. The driver must have a valid California driver's license, be 21 years of age or older, and permit the District to run a DMV check.
4. Passenger restraints must be available for all occupants. All drivers and passengers shall wear seat belts in accordance with law. (Vehicle Code 27315) Drivers shall ensure that any child who is under age 6 or under 60 pounds, unless exempted by law, is properly secured in an appropriate child passenger restraint system meeting federal safety standards. A child who is age 6 or older or weighs 60 pounds or more shall use a safety belt. (Vehicle Code 27360, 27360.5, 27363). No vehicles shall be loaded beyond their rated vehicle and tire weight capacity.

Small children should not be seated in the front seat airbag deployment area (per vehicle manufacturer recommendation).

5. Vehicles must be currently registered in California and be in proper mechanical condition. Special attention should be given to tires, brakes, lights and warning systems.
6. Only appropriate vehicles intended for passenger transportation can be used. No riding in vans without seats or pick-up truck beds.
7. Volunteers should be fingerprinted in accordance with the Education Code (E.C. 35021.1)

CERTIFICATION:

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 the insurance coverage in effect as required by the Rialto Unified School District on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good condition and I have no knowledge of mechanical defects that could pose a danger while transporting students.

I have voluntarily agreed to drive my private vehicle to the above described activity and is not a condition of employment. I can transport a maximum of _____ individuals, including myself, in my private vehicle. I agree to accept the responsibilities involved with this trip and certify that I will comply with the conditions listed above.

I give my permission to allow the Rialto Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.

Signature: _____ **Date:** _____

Print Name: _____

TO BE COMPLETED BY SITE ADMINISTRATOR:

The above information has been submitted and approved for submittal to the Risk Management office for authorization for use of private vehicle.

Signature **Date:** _____

TO BE COMPLETED BY RISK MANAGEMENT OFFICE:

After reviewing the DMV record, the above driver is Authorized Not Authorized to drive for this event.

Reviewed By Signature Date