



Millbrae School District
 555 Richmond Drive, Millbrae, CA 94030
 650-697-5693 • 650-697-6865 (fax) • www.millbraeschooldistrict.org

PARENT/VOLUNTEER DRIVER FORM

*Rev. Nov 2015 w/SMCSIG revisions
 B11*

NOTE: You must receive volunteer clearance before applying to be a parent/volunteer driver. If you have not received volunteer clearance, please see your site principal before completing this form.

I, (print full name) _____ hereby volunteer to transport student(s) of the Millbrae School District to and from approved events in my private vehicle. In so volunteering, I affirm that:

- All passengers I transport will be restrained by seat belt or car seats, no alcoholic beverages will be transported while students are in the vehicle and no alcohol, drugs, cigarettes or tobacco will be used;
- My vehicle, to my knowledge, is fit for its intended purpose, is safe and has manufacturer installed safety belt/harness systems for up to _____ passengers. I will not transport more than that number of passengers at any one time, and I will require all passengers to use these safety belt/harness systems;
- If the passenger seat of my vehicle is equipped with an air bag, I will not allow a child under the age of 13, or anyone weighing less than 100 pounds to sit in that seat while the vehicle is moving;
- Operation of my vehicle is and will be covered by my automobile liability insurance which provides a minimum liability limit of \$100,000.00. If I have an accident while transporting student (s), my insurance will be primary;
- At all times that students are being transported in my vehicle, only I will be the driver. I understand I shall assume responsibility for children I transport from the time we leave school until we return, whether they are in or out of my car;
- I am familiar with the rules of the road and will at all times drive in compliance with them at all other provisions of the Vehicle Code.
- If I am involved in an accident, by law, my liability insurance policy will be used first. The District does not cover, nor is it responsible for, comprehensive and collision coverage of my vehicle.

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District in writing of any changes in the above information. I also understand that this form must be re-submitted annually. I further certify that the above vehicle is mechanically safe:

 PARENT/VOLUNTEER SIGNATURE

 DATE

 SCHOOL

 SCHOOL YEAR

 STUDENT NAME(S)

 PRINCIPAL/ADMINISTRATOR APPROVAL

NOTE: (A copy of your valid driver's license and copy of automobile insurance declaration page which indicates limits of liability and policy expiration date are **REQUIRED** and must be submitted with this form.)



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PERSONAL INFORMATION

Name	
Address	
City, State, Zip	
Home Phone/Work Phone/Cell Phone	
Date of Birth	
Email Address	

VEHICLE INFORMATION

Driver's License Number	
Driver's License Expiration	
Vehicle Make/Year	
Vehicle Model	
Vehicle License Plate Number	
Seating Capacity (Passenger seats with seat belts)	

INSURANCE INFORMATION

Insurance Carrier	
Policy Number	
Liability Limits	
Telephone Number	
Policy Expiration Date	

DRIVING INFORMATION (Please mark N/A if non-applicable)

Number of moving violations within the last 3 years	
Year(s) of violation(s)	
Reason(s) for citation	
Driving restrictions	