

Rev Oct 2021

PARENT/VOLUNTEER DRIVER FORM

Please note: You must receive volunteer clearance <u>prior to</u> becoming a parent/volunteer driver. If you do not have volunteer clearance from the District, please see your site principal.

STEP# 1 REQUIRED: Complete Sections 1 and 2

STEP# 2 REQUIRED: Attach a copy of a valid California Driver's License

STEP# 3 REQUIRED: Attach a copy of your automobile insurance declaration page which indicates a minimum liability limit of \$100,000.00 and policy expiration date.

SECTION 1

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

- My vehicle, to my knowledge, is fit for its intended purpose, is safe and has manufacturer installed safety belt/harness systems.
- 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;
- I will not transport more than the number of safety belt/harness in my vehicle and I will require all passengers to use the safety belt/harness systems at all times.
- If the passenger seat of 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 at least \$100,000 per person and \$300,000 per accident on liability and at least \$5,000 property damage per accident. 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 the children/students I transport from the time we leave school until the time we return, whether they are in our out of my vehicle.
- I am familiar with the rules of the road and will drive, in compliance with the rules and all other provisions of the Vehicle Code.
- If I am involved in an accident while transporting students, by law, my liability insurance policy will be used first. The District does not cover, nor is responsible for, comprehensive and collision coverage of my vehicle.
- <u>COVID-19.</u> I understand and acknowledge that due to the COVID-19 pandemic, State and local authorities have issued various public health orders requiring community mitigation measures including, but not limited to, vaccination, testing, the use of face coverings or masks, social distancing measures, restriction of numbers of people who may congregate, requirements for isolation and/or quarantine in the event of COVID-19 infection or exposure, and disinfecting and sanitizing protocol. I understand and acknowledge that the COVID-19 pandemic is a continually evolving situation, and that orders from the California Department of Public Health ("CDPH"), the Centers for Disease Control and Prevention ("CDC"), the California Governor, and San Mateo County Health Officer are periodically updated in response to the crisis. Teachers/Students/Volunteers will be responsible for ensuring compliance at all times with the updated public health orders issued by Federal, State and local authorities

I certify, that the information provided in this form are correct and that the required 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 further certify that the vehicle listed in Section 2 of this form, is mechanically safe. I also understand that a new Parent/Driver From and corresponding documents must be completed and submitted annually.

| Parent/Volunteer Name | | Date | |
|----------------------------|---|--------|--|
| Parent/Volunteer Signature | X | School | |



Rev Oct 2021

| SECTION 2 | | | | | |
|--|--|--|--|--|--|
| PERSONAL INFORMATION | | | | | |
| Name | | | | | |
| Address | | | | | |
| City, State, Zip | | | | | |
| Home/Cell Phone | | | | | |
| Date of Birth | | | | | |
| Email Address | | | | | |
| VEHICLE INFORMATION (a copy of your valid driver's license is required and must accompany this form) | | | | | |
| Driver's License Number | | | | | |
| Driver's License Expiration Date | | | | | |
| Vehicle Model/Make/Year | | | | | |
| Vehicle License Plate Number | | | | | |
| Seating Capacity (Passenger seats with seat belts) | | | | | |
| INSURANCE INFORMATION (a copy of your current automobile policy which indicates limits of liability and policy expiration are required and must accompany this form) | | | | | |
| Insurance Carrier | | | | | |
| Policy Number | | | | | |
| Policy Expiration Date | | | | | |
| DRIVER INFORMATION (please mark n/a if not-applicable) | | | | | |
| Number of moving violations within the last 3 years | | | | | |
| Year(s) of violation(s) | | | | | |
| Reason(s) for citation | | | | | |
| Driving restrictions | | | | | |

Site Administrator Approval

| Site Administrator | | | |
|--------------------|---|------|--|
| Signature | Х | Date | |