EMPLOYEE & VOLUNTEER PERSONAL AUTOMOBILE USE FORM

[One Form Required for Each Driver]

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that all volunteers using their personal automobiles to transport Students to and from sanctioned activities receive prior District approval. Before we can issue such approval, the following "Required Information" must be submitted at least fifteen (15) days before you transport our Students. Further, you must agree to abide by all District policies and the "Vehicle Safety and Transportation Procedures and Requirements" below.

REQUIRED INFORMATION

Name of Driver: Site or Department (if EGUSD Employee):		Home Address:	Street City, St. Zip
Mobile #:		Email Address:	
CA Driver's License #:		Exp. Date:	
Vehicle(s) /Make/Model:		Year:	
Vehicle(s) License Plate:		State:	
Insurance Carrier:		Policy Number:	
Policy Expiration Date:		Liability Coverage Limits:	
Are you a current Elk Grove Unified School District…	Employee: ☐ Yes ☐ No ☐ Coach: ☐ Yes ☐ No ☐	Date of Fingerprint Clearance:	*Office Use Only*

Please also provide a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Please also be advised, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage**. The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards. I will also comply with additional District instructions regarding driving routes, parking locations, and safety or security directions.
2. I will not transport Students in a vehicle that I believe may be mechanically unsafe or that may become unsafe due to weather or other conditions. **I will not transport Students unless I have: ◆ working seatbelts which will be used by all passengers at all times; ◆ approved car/booster seats for each child under 8 years old; and ◆ all children under 12 ride only in the back seat(s).** The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself, another district-approved chaperone, and authorized Students ride in the Vehicle. No other adult or child is permitted in the vehicle while I am performing volunteer services for the District.

Printed Name _____ **Signature** _____ **Date** _____

Date Received by District:	**Received by:**

HOLD ON FILE IN THE SCHOOL'S MAIN OFFICE FOR ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR