



## 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

Printed Name Signatur		Signature	I	Pate	
3.	anyone other than mysel		e, and authorized Studen	vity, event, or competition. I will not le ts ride in the Vehicle. No other adult or et.	
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.					
1.	For the safety of ou I will not operate an auto or distraction of any kind compliance with all spe	d. I will at all times comply with Ca	also agreeing to the follow to alcohol, drugs (prescralifornia law regarding procards. I will also comp		
Drive you v Drive comp an ac Distri	r's License or Insurance will again be eligible to trar Record History and stat any to confirm your insurcident, <b>your insurance</b> ct's automobile liability of	Policy expire during the school year insport Students. By signing below, us of your Driver's License, (b) concance status. Please also be advised, twill provide the primary coverage overage will apply, if at all, only after the primary coverage will apply.	, updated photocopies sh you are also authorizing duct a criminal background that pursuant to Insurance of for any resulting bod ter your insurance covera	Policy Declarations Page. Should your owing their renewal are required before the District to (a) obtain a copy of your ad check, and (c) contact your insurance code Section 11580.9(d), in the case of the injury or property damage. The age is exhausted through the payment of ensive, uninsured motorists, or collision	
Unifi	ed School District	Coach:	Clearance:	Use Only	
		Employee:   Yes   No	Date of Fingerprint		
Polic	y Expiration Date:		Liability Coverage Limits:		
Insurance Carrier:			Policy Number:		
Vehicle(s) License Plate:			State:		
Vehicle(s) /Make/Model:			Year:		
CA Driver's License #:			Exp. Date:		
Mobile #:			Email Address:		
Site or Department (if EGUSD Employee):				City, St. Zip	
Name of Driver:			Home Address:	Street	