

ENCINITAS UNION SCHOOL DISTRICT

E 3541.1

Volunteer Information Form to Provide Transportation by Private Vehicle

Dear Volunteer:

The following event is scheduled for the children at our school. If you are interested in helping us by transporting students off-campus, please complete and return this form. Thank you for your support.

Date of Trip _____ Destination _____

Time of Departure _____ Time of Return _____

Requirements

Please initial each of the items below to indicate agreement:

- _____ I am at least 21 years old.
- _____ I will provide and ensure the use of a seatbelt by all passengers and myself.
- _____ I will carry only the number of passengers for which my vehicle was designed and in no case will I carry more than nine passengers.
- _____ I will ensure that every child under the age of 8 who is under 4'9" tall will be secured in a booster seat in the back seat. Any child under the age of 8 who is 4'9" or taller may be secured by a safety belt in the back seat.
- _____ I performed a safety check of my vehicle's tires, brakes, lights, horn, and suspension and found all items to be in safe working order.
- _____ I will drive directly to and from the field trip location without making any unscheduled stops.
- _____ I will only drive to a field trip destination within 50 miles of Encinitas.
- _____ I will not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
- _____ I will obey all traffic laws.

Please initial to indicate that each of the following items are attached to this form:

- _____ A copy of my valid California driver's license. Expiration Date _____
- _____ A copy of my car's registration. Expiration Date _____
- _____ Verification of my good driving record from the DMV (no indication of concerns) or a good driver notice from my insurance carrier (needs to be renewed every six months). Recheck Date _____
- _____ A copy of my insurance policy indicating the following minimal coverage:
 - Bodily injury - \$100,000/\$300,000 per accident
 - Property Damage - \$50,000 per accident
 - Medical Payments - \$2,000 per accident
 - Policy Expiration date _____

I agree to these requirements, have attached copies as requested, and am available to drive on the field trip indicated above.

Please print name here.

Please sign name here.

Date

This form and all attachments must be reviewed and updated prior to each field trip.