

Pacifica School District

375 Reina del Mar Avenue ● Pacifica, CA 94044 ● (650) 738-6600

Volunteer/Employee Driver Form

١, _		, hereby volunteer to transport student(s)	
	(full name)	ved events in my private vehicle. In so volunteering, I affirm that:	
•			
	I am 21 years of age or older.		
(b)		purpose, is a safe and has manufacturer installed safety belt-harness asport more than that number of passengers at any one time, and I will mass systems.	
(c)	Operation of my vehicle is and will be covered by and \$300,000 per accident on bodily injury and \$	my automobile liability insurance, which provides \$100,000 per person 25,000 property damage per accident. If I have an accident while	
(1)	transporting student(s), my insurance will be prin		
	 At all times that students are being transported in my vehicle, only I will be the driver. I will comply with all child passenger safety precautions as listed in Vehicle Code and located at 		
(6)	http://dmv.ca.gov/pubs/vctop/d12/vc27360.htm		
(f)		t all times, drive in compliance with them and all other provisions of the	
insı		t business and you are involved in an accident, by law your liability by would be used only after your policy limits have been exceeded. The rehensive and collision coverage to your vehicle.	
	<u>PER</u>	SONAL INFORMATION	
Cal	lifornia Driver's License No.:	Expiration Date:	
Vehicle Year/Make:		Vehicle Model:	
Res	sidence Address:		
Но	me Phone:	Work Number:	
I ce	ertify that the above information is correct and that	the insurance coverage is in force. I understand that if performing wor	
		ies I may utilize my personal vehicle, I must have liability insurance	
cov	verage in force as required by the State of California	a and agree to advise the District, in writing, of any changes in the above	
info	ormation. I further certify that the above vehicle is	mechanically safe.	
_	Signature (Volunteer/Employee)	Date	
	- 0 (- 	

NOTE: A copy of your driver's license and proof of current automobile liability insurance is attached and will be kept on file in school office. Remember: Each year you must submit to the school office proof of current automobile liability insurance. The district has the rights to contact DMV regarding your driving history.

Please complete and return this form to your child's teacher.

PRIVATE AUTOMOBILE FIELD TRIP

AR 3541.1 and AR 6153

In order to provide for meaningful, safe field trips in private cars, the following procedures and regulations should be adhered to:

- 1. Permission for field trip and date should be obtained at least two months in advance through the school Principal.
- 2. The Principal shall approve all field trips for his/her building.
- 3. It is the Principal's responsibility to make it clearly understood by all parents and teachers making field trips in private cars that the forms and statement do not release them from liability. In case of an accident, the insurance carrier on the private car would be the primary coverage, and the School District insurance carrier would be in a secondary role.

COPY OF THE DRIVER'S CURRENT PROOF OF AUTOMOBILE LIABILITY INSURANCE MUST BE ON FILE IN THE SCHOOL OFFICE PRIOR TO USE

OF THE VEHICLE.

INSURANCE REQUIREMENTS: Bodily Liability - \$100,000/\$300,000

Property Damage - \$25,000

All drivers shall wear safety belts in accordance with law. In addition, drivers shall ensure that:

- A child who is under age 8 or under 57 inches (4'9"), unless exempted in accordance with Vehicle Code 27360 or 27363, is properly secured in a rear seat in an appropriate child passenger restraint system meeting federal safety standards.
- All other children are properly secured in either a child passenger restraint system or safety belt.
- All other passengers wear seat belts.

(Vehicle Code 27315, 27360, 27360.5, 27363)

Teachers are responsible for the supervision of the students on any field trip.

Revised 1/1/2012