

BOARD OF TRUSTEES

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Assistant Superintendent
Karen H. Schenck
Assistant Superintendent
Lynn Orong
Chief Business Officer

DRIVER VOLUNTEER FORM

School: _____

School Year: _____

NAME: _____ **PHONE:** _____

(Please clearly print first and last name.)

DOB: _____ **Drivers License #:** _____ **Expiration Date:** _____

STUDENT'S NAME: _____

(Please clearly print first and last name.)

T.B. Test Background Check/Fingerprints Other: _____

I understand that I assume responsibility for the children I transport from the time we leave school until we return, whether they are in or out of my vehicle. The automobile I will use to transport students is as follows:

Year/Make/Model of Auto: _____ **Vehicle License #** _____

Insurance Carrier/Agent: _____ **Phone:** _____

Liability Limits: _____ **Policy #:** _____

Expiration Date: _____ **Driving Restrictions:** _____

Make: _____ **Model:** _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing volunteer work for the School District, I may use may utilize my personal vehicle, I must have liability insurance coverage in force as required with a minimum limit of at least \$100,000 for liability and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe and that I have not been cited for any moving traffic violations in the last year.

I understand that I agree to and am authorized to serve as an unpaid volunteer for the San Bruno Park School District as per Education Code Section 35021 and as indicated above.

Signed: _____ **Date:** _____
(Applicant)

Approved: _____ **Date:** _____
(Principal)

Accepted: _____ **Date:** _____
(Superintendent)

Date of Board Approval: _____

DRIVER VOLUNTEER FORM cont..

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

Please attach a photocopy of the following: (1) “Proof of Insurance” form presently being issued by your automobile insurance company that indicates expiration date of insurance and (2) drivers license. District Administration may obtain employee/volunteer driving record checks from the California Department of Motor Vehicles which are a matter of public record.