

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)	
ot	f the Pacifica School District to and from approved even	ts in my private vehicle. In so volunteering, I affirm that:
(a)	a) I am 21 years of age or older.	
(b)	My vehicle to my knowledge is fit for its intended purpose, is a safe and has manufacturer installed safety belt-harness systems for up to passengers. I will not transport more than that number of passengers at any one time, and I will require all passengers to use these safety belt-harness systems.	
(c)	Operation of my vehicle is and will be covered by my automobile liability insurance, which provides \$100,000 per person and \$300,000 per accident on bodily injury and \$25,000 property damage per accident. If I have an accident while transporting student(s), my insurance will be primary.	
(d)	d) At all times that students are being transported in my vehic	cle, only I will be the driver.
(e)	I will comply with all child passenger safety precautions as listed in Vehicle Code and located at	
	http://dmv.ca.gov/pubs/vctop/d12/vc27360.htm	
(f)	I am familiar with the rules of the road and will, at all times, drive in compliance with them and all other provisions of the Vehicle Code.	
ins	you drive your personal automobile while on District business insurance policy is used first. The District liability policy would bistrict does not cover, nor is it responsible for, comprehensive	be used only after your policy limits have been exceeded. The
	PERSONAL II	NEORMATION
Ca	California Driver's License No.:	Expiration Date:
Ve	/ehicle Year/Make:	Vehicle Model:
Re	Residence Address:	
u.	Home Phone:	Mark Number
HC	Tome Frione.	Work Number:
for	or the Pacifica School District in the course of my duties I may	ee to advise the District, in writing, of any changes in the above
-	Signature (Volunteer/Employee)	Date
	Signature (volunteer/emproyee)	Date

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 - \$100,000

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.