COTTONWOOD CREEK CHARTER SCHOOL
Volunteer/Employee Vehicle Usage – Transporting Students

Please check one: _____ Volunteer _____ School Employee

Driver and Insurance Information

Name of Driver:_____ Date of Birth:_____

Address: _____ City/State/Zip:_____

Home/Cell Phone #_____ Work Phone #_____

Driver's License #_____ Class:_____ Expiration Date:_____

Moving violations received, if any, in the past 3 years? #_____ *Explain:_____

Number of accidents, if any, in the past 3 years? #_____ *Explain:_____

(Use additional sheet, if necessary, for explanation and attach it to this form)

Insurance Company:_____ Telephone #:_____

Policy #:_____ Expiration Date:_____

Private Vehicle Information

Name of Owner:_____ License Plate #:_____

Address:_____ City/State/Zip:_____

Home/Cell Phone #:_____ Work Phone #:_____

Vehicle Make:_____ Model:_____ Year:_____ Seating Cap:_____

Registered Owner:_____ Home/Work #:_____

Driver Statement: I certify that:

- *The vehicle is equipped with seat belts for all occupants.*
- *The vehicle is regularly maintained and kept in good mechanical condition.*
- *I am 21 years of age or older.*
- *I have a valid California driver's license and there are no restrictions preventing me from transporting students in my vehicle.*
- *I have been a licensed driver for at least three (3) years.*
- *I have not had more than one (1) conviction for a moving violation in the past three (3) years which was not dismissed.*
- *I have had no convictions for reckless or drunk driving or other major violations.*
- *I meet the following vehicle insurance requirements:*
  Bodily Injury Liability $50,000 per person/$100,000 per occurrence and Property Damage $25,000 per occurrence.
- *I consent to the school district checking my driving record with the DMV.*
- *The information provided by me in this form is true and correct.*

California law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trip or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims. (Ed. Code 35330)"

MY SIGNATURE ON THIS FORM SHALL CONSTITUTE AN INFORMED AND KNOWING WAIVER AS REQUIRED BY LAW.

Volunteer/Employee's Signature:_____ Date:_____