

# DUBLIN SCHOOLS

## DUBLIN UNIFIED SCHOOL DISTRICT

### VOLUNTEER DRIVER TRANSPORTING STUDENTS IN PRIVATELY OWNED CARS ON SCHOOL SPONSORED TRIPS

NAME OF STUDENT OF DRIVER

TEACHER'S NAME

I hereby offer to provide transportation for students of the Dublin Unified School District for one or more school sponsored trips during the school year. In making this offer, I understand the following:

1. The Dublin School District carries liability insurance covering all school-sponsored activities. In the event of a vehicular accident, however, coverage is provided by the volunteer driver's own automobile insurance.
2. The school district does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students.
3. Volunteer drivers must be at least 21 years of age and must possess a current, valid California driver's license to operate this vehicle.
4. Volunteer drivers certify that their vehicle is in safe operating condition.
5. Volunteer drivers must carry minimum liability insurance coverage on their automobile of not less than the following amounts:

Bodily injury.....	\$100,000 per occurrence/\$300,000 combined limit
Property damage.....	\$ 50,000
Medical payment.....	\$ 5,000
6. Volunteer drivers must provide the District with proof of this automobile liability insurance.
7. Volunteer drivers must provide documentation of a current driving record that verifies, if applicable, points or accidents. Acceptable documentation consists of either an insurance renewal which validates a driving record of one point or less or a DMV printout that reflects a driving record of one point or less.
8. Volunteer drivers and/or the owner of the vehicle have primary responsibility for liability. The liability insurance of the volunteer drivers will be deemed the primary liability insurance for claims purposes.
9. Volunteer drivers agree to drive in a safe and cautious manner and to notify the school district immediately in the event of accident or injury of any type.
10. Volunteer drivers shall have a first aid kit in their possession, or immediately available.

11. Volunteer drivers will carry no more passengers than their vehicle is designed to carry. In no case may a volunteer driver carry more than eight passengers plus the driver.
12. All passengers and the driver will wear shoulder restraint seat belts.
13. No driver shall transport on a highway any child in a motor vehicle without properly securing the child in a child passenger restraint system meeting applicable federal motor vehicle safety standards unless the child is at least one of the following:
  - Six years of age or older,
  - Weighs 60 pounds or more.
14. Volunteer drivers with cars having air bags on the passenger side should not have a child under the age of 12 years or under 40 pounds riding in the front seat.
15. Volunteer drivers offering to provide transportation for students for one or more school sponsored field trips during the school year acknowledge their responsibilities as indicated in this notice and will acknowledge receipt by signing and returning a copy of the notice.
16. The District reserves the right to decline offers of assistance from parents, guardians, and other volunteers, including but not limited to driving.
17. Volunteer drivers, by their signature below, waive all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip.
18. Volunteer drivers shall defend and indemnify the District against all claims, actions, or lawsuits arising out of the negligence of the volunteer driver.

I understand that I am not covered by the Dublin Unified School District's liability insurance policy. I hereby acknowledge I have insurance coverage that meets or exceeds the minimum coverage stated above. I have read, understand, and agree to the District's regulations on both the front and back of this form and have attached to this form the declaration page of my Insurance policy showing the above minimum amounts of insurance coverage and the expiration date of my insurance.

\_\_\_\_\_  
**Signature of Vehicle Owner/Driver**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Vehicle Owner/Driver**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Insurance Carrier**

\_\_\_\_\_  
**Policy Number**