

**REACH SCHOOL
VOLUNTEER DRIVER APPLICATION**

Please attach all documents and submit together to school office *when all paperwork is complete*

Driver's last name: _____ first name: _____

I certify that I:

- Have a valid CA driver license and that I am over the age of 21: Yes No
- Have not received more than one moving violation in the last 12 months or more than two in the last 36 months: Yes No
- Have not received any DUI violations: Yes No
- Have no felony convictions involving the use of a motor vehicle: Yes No
- Drive a safe vehicle and will provide a working seat belt for each passenger I transport: Yes No

I understand that:

- I may not consume alcoholic beverages, or use non-prescription controlled substances which could impair my driving ability, while driving, accompanying and supervising students on a school field trip.
- I am responsible for the continuous monitoring of the activities of students in my care.
- The owner of the vehicle I use to transport students assumes primary liability for his/her passengers.
- Students shall not ride in the front seat unless they are 13 years of age or older, *and* have written parent/guardian permission to do so on each trip.
- I shall carry a cell phone, only to be used for urgent matters.
- I will not transport pets, other than assistance dogs, while driving on any school field trip.
- I will provide updates, in writing, of renewals for my driver license, auto insurance and DMV record (each year) as they occur.
- I must first be cleared as a school volunteer by submitting the following documents:
 - Volunteer Application** **Volunteer Code of Conduct** **TB clearance**
 - Valid CA Driver License**

Please provide copies of the following documents to school site for photocopy and attach.

- Original DMV Driver Record Printout (annually)**
- Valid CA Driver License**
- Current Insurance Policy *Coverage Page* indicating:
 - Liability: **\$100k per person/\$300k per occurrence.**
 - Property Damage: **25k.**
 - Medical Payments: **5k**

Signature: _____ Date: _____

For office use only:

- Driver Application** (signed) **Vehicle Declaration Page** # **Rear Seats:** _____
- Insurance Page:** 100kpp 300kper/oc 25kProp 5kMedical
- Driver Approved** (date): ____/____/____ **DMV:** ____/____/____