



HEALDSBURG UNIFIED SCHOOL DISTRICT
ADULT VOLUNTEER DRIVER CERTIFICATION

For use by **Adult** Volunteer Drivers: Parent Community Volunteer District Employee

To be filed at least once a year by any individual transporting students either in their own vehicle or when driving a district owned vehicle. All field trips begin and end at school.

The Healdsburg Unified School District acknowledges the needed assistance by responsible volunteer drivers in order to provide transportation for numerous activities that take place within the school system that other wise would not exist without support. We sincerely appreciate your contribution. In order to provide the best assurance to both the volunteer driver and the school district, the following information is gathered and agreements are made with the volunteer by signing at the bottom of the page:

Name: _____ Date of Birth: _____

Address: _____ Driver's License No. _____ Exp. Date _____

Phone No. _____ Email _____

VEHICLE

Name of Owner: _____ Year: _____ Make: _____

Address: _____ License Plate No. _____ Exp. Date _____

No. Seat Belts (required) _____

The District is responsible for determining the following:

1. Have you been convicted of reckless driving or under the influence of drugs or alcohol within the past five years?

Yes No If yes, district policy prohibits your serving as a driver.

In accordance with AR 6153, Teachers and Chaperones shall not consume alcohol, smoke or use controlled substances while accompanying students on a trip.

2. The District requires a minimum of \$100,000/\$300,000 Bodily Injury, \$100,000 Property Damage, or \$500,000 Combined/Single Limit of Liability, Uninsured Motorists coverage, and Medical Payment coverage of not less than \$10,000. ***Please attach a copy of your insurance declaration page to this form and return to the school office.***

Limits of Coverage: _____

** If needed, you may seek a one-day Certificate of Insurance for the prescribed amount from your insurance carrier.*

Medical Coverage for Passengers Yes No Limits of Coverage _____

Names of Carrier: _____ Policy #: _____ Exp. Date _____

Name of Insurance Agent _____ Phone Number: _____

3. Student Name: _____

4. Date of Field Trip: _____ Destination: _____

5. Number of Passengers: _____ (may not exceed number of available seat belts).