

**MAMMOTH UNIFIED SCHOOL DISTRICT**

**VOLUNTEER DRIVER/CHAPERONE  
APPLICANT CHECK LIST**

To volunteer as a driver or chaperone at Mammoth Unified School District, you must complete all requirements in the order listed below.

1. Complete a Volunteer Application
2. Complete a Principal's/Director's Authorization including meeting and dated Principal/Director signature
3. Complete driver forms for district and private vehicles, if interested
4. Complete the process for TB skin test verification
5. Return all completed and signed forms in-person to:  
Mammoth Unified School District office  
461 Sierra Park Road
6. Request the Department of Justice Live Scan Service form  
(processing timeline = 24-48 hrs to 2 weeks)  
There is a direct cost charge for this last process – due upon request
  - \$35 to MUSD – personal check/exact \$\$ accepted
  - \$29 to MLPD upon request for live scan at MLPD or
  - \$30.00 to Sierra Employment Services

MUSD Approved Volunteer Driver/Chaperone List is updated approximately once a month. Your name will be added upon the successful completion of all of the above. Thank you!!!

**We love our volunteers!!**

# Mammoth Unified School District Volunteer Application

**Please complete this application. Upon approval, you are eligible to volunteer for four years from the date of approval. Completed applications may be returned to the school district office. Original signed applications are required. Please do not fax the applications.**

**Basic Information—Please Print**      Unreadable applications will not be processed.

\*Required Information Please print in black or blue ink.

\* First Middle Initial Last: Ms. Mrs. Mr. Dr. \_\_\_\_\_

\* Complete Street Address: \_\_\_\_\_

P.O. Box	Street	City	State	ZIP
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\* Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (mobile): \_\_\_\_\_

\* Age:  18-20 years     21-61 years     62 years & over      \* Gender:  Male     Female

\* List the name of the school or program you would like to volunteer with \_\_\_\_\_

**Department of Justice – Live Scan Service**

\$35 cash/check to MUSD              \$29 cash/check to MLPD or \$30.00 to Sierra Employment Services

By signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand the information provided on this form will be used to conduct background screening. Any falsification on this application may result automatic disqualification and termination of the volunteer relationship.

\_\_\_\_\_  
\* Volunteer's Signature

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

***We love our volunteers!***

<b>Office Use Only</b>	
Live Scan <input type="checkbox"/> Cleared <input type="checkbox"/> Rejected	Processed _____ By: _____
Verification of TB Skin Testing	Processed _____ By: _____
Authorization for Addition to Approved Driver List	Processed _____ By: _____
Notes: _____	

# MAMMOTH UNIFIED SCHOOL DISTRICT

## Principal's/Director's Authorization for Clearing a Volunteer/Driver

Each new volunteer must have this authorization completed before a background check, TB skin test verification, driving list update can be submitted. Please review and complete the following information, including your signature:

Volunteer's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Date of meeting with principal/director: \_\_\_\_\_

Primary volunteer interest/sport/activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site: \_\_\_\_\_

I have met with this volunteer and authorize that they be added to the approved volunteer/driver list for the district.

Site principal/director signature: \_\_\_\_\_

Date: \_\_\_\_\_

01-20-09



## ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

### CERTIFICATE OF COMPLETION

*To be signed by the licensed health care provider completing the risk assessment and/or examination*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.*

Health Care Provider Signature

Please Print Health Care Provider Name

Title

Office Address: Street

City

State

Zip Code

Telephone

Fax

# Memorandum

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**To:** Staff and Volunteer Drivers

**From:** Robin Davis  
Transportation Dept.

**Date:** 9/24/2012

**Re:** Authorized Driver List

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The Transportation Department approves all drivers of school vehicles and private vehicles used for school activities. There are (2) two forms you must complete. Each school office has these forms available.

Authorized Driver form for staff/volunteers E (2) 3541.1

Use of private vehicle by staff/volunteers E (3) 3541.1

When forms are completed, the DMV adds you to our pull notice program which is a periodic report of your driving record. **Please be aware that your driving record will be inspected.** This process generally takes 24 hours for a report to be electronically generated.

If you have any questions, please contact me at (760) 934-6802 ext. 507 or at [rdavis@mammothusd.org](mailto:rdavis@mammothusd.org).

Authorized Driver List for Staff/Volunteer Drivers

I wish to be placed on the staff/volunteer driver list. I understand that becoming an authorized driver will allow me to drive district vehicles only. I must also complete district Form #E (3) 3541.1 in order to drive a private vehicle for school related activity trips.

PLEASE PRINT

NAME: \_\_\_\_\_ TELE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ (Ca. only) Class \_\_\_\_\_

I have received a copy of the Transportation Handbook and am aware of the state laws and Mammoth Unified School District policies regarding transporting students to and from school related activities. I agree to obey all traffic laws. The district has my permission to check my driving record through the applicable agencies. In addition I understand:

1. I cannot drive until my driving record has been approved by the transportation department or administration.
2. I must obey all traffic laws and regulations.
3. The driver and all passengers must wear seat belts.
4. Only passengers authorized by the administration /athletic director may accompany the driver.
5. No passengers may ride in the cargo area of any pick-up truck.
6. The number of passengers to be transported in any one vehicle shall not be more than (10) persons including the driver. If more than (10) persons including the driver are being transported, the vehicle must conform to V.C. 545, "definition of a school bus".
7. Driver must be over 18 years old.
8. No student may drive a district vehicle.
9. In case of an accident an insurance "Report of Accident" form is in the vehicle emergency packet.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I am a Mammoth Unified School District employee: (Yes / No) Please circle one.

Note: An approved driving record may be a condition of employment with the district.

Use of Private Vehicle by Volunteer/Staff Drivers

I am willing to provide transportation for students/staff for activity trips of athletic or educational nature in my own vehicle. I understand that I may drive my own car only when authorized by the Athletic Director/Principal or designee.

I have received a copy of the Transportation Handbook and am aware of the state laws and Mammoth Unified School District policies regarding transporting students to and from school related activities. The district has my permission to check my driving record through the applicable agencies. In addition I understand:

1. In the event of an accident, the first liability would be incurred by you and your own insurance company. Following this, the school district insurance would satisfy a judgment in excess of that provided by your auto insurance company.
2. I cannot drive until my driving record has been approved by the transportation department/administration.
3. I must obey all traffic laws and regulations.
4. The driver and all passengers must wear seat belts.
5. Only passengers authorized by the principal/athletic director may accompany the driver.
6. No passengers may ride in the cargo area of any pick-up truck.
7. The number of passengers to be transported in any one vehicle shall not be more than (10) persons including the driver. If more than (10) persons including the driver are being transported, the vehicle must conform to V.C. 545, "definition of a school bus".
8. Driver must be over 18 years old.
9. It is your responsibility to notify/inform the school district of any changes in your insurance coverage. (Provide evidence of insurance)

Vehicle #1

Auto Insurance Co: \_\_\_\_\_  
 Please indicate your coverage:  
 Public Liability: \_\_\_\_\_  
 Bodily Injury: \_\_\_\_\_  
 Property Damage: \_\_\_\_\_  
 Medical: \_\_\_\_\_ or single limit of: \_\_\_\_\_

Vehicle #2

Auto Insurance Co: \_\_\_\_\_  
 Please indicate your coverage:  
 Public Liability: \_\_\_\_\_  
 Bodily Injury: \_\_\_\_\_  
 Property Damage: \_\_\_\_\_  
 Medical: \_\_\_\_\_ or single limit of: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# MAMMOTH UNIFIED SCHOOL DISTRICT

## Transportation Information

*Please keep this in your car for reference.*

***Be Prepared!***

***Safety is no accident!***



MUSD Transportation Dept.

P.O. Box 3509 Mammoth Lakes, CA.

(760) 934-6802x507

(revised 9/24/12)



### **BEFORE YOUR TRIP:**

- Inspect your car.
- Registration and proof of insurance
- Seat belts, lights, brakes, horn, blinkers, tires, snow chains, fluids.
- Review the driving directions.
- Review emergency telephone numbers/contacts. Know who to call.
- Get plenty of rest. Are you ready to go?
- Ed. Code says; "10 people maximum in a vehicle, including the driver." Do **NOT** put more people in your car even if it will hold them.

### **DURING YOUR TRIP:**

- Set an example for our students.
- Everyone must wear a seatbelt.
- Eat light, get rest.
- You are responsible for the students at all times. Account for the students at all times.
- **No** tobacco or alcohol use.
- Keep fuel receipts.
- Take the time to inspect your car during the trip.
- Do not release any students without the coach's permission.

### **AFTER YOUR TRIP:**

- Stay with the students until they are all picked up at school.
- Return keys, fuel receipts and equipment to the school office.
- Please remove your trash.
- If you are using a school vehicle, please return it promptly as others may be using it after you.
- Report any mechanical problems you discover to the Transportation Dept.

**EMERGENCY INFORMATION:**

**School Sites**

MES (760) 934-7545

MMS (760) 934-7072

MHS (760) 934-8541

**Public Safety Agencies**

CHP/Police 911

Road Info (800) 427-7623

National Weather Service

(760) 873-3213

**MUSD**

Transportation Dept.

(760) 934-8541 ext. 507 or 508

MHS Principal (760) 934-8541 ext 221

Athletic Director (760) 934-8541 ext 220

**IN CASE OF AN ACCIDENT:**

- Make sure all your passengers are safe. Get medical attention as appropriate. Keep students together.
- Notify the Principal or Athletic Director.
- Get all info from the other driver. Use form provided in MUSD vehicle emergency packet located in district car.

**IN CASE OF A BREAKDOWN:**

- Keep passengers together.
- Notify other vehicles if possible, or call ahead to notify someone at the destination or school the nature of your delay.
- Do **NOT** operate an unsafe vehicle. Fix safety items.
- Do **NOT** release any of the students to unauthorized persons.