



## GALT JOINT UNION HIGH SCHOOL DISTRICT

12945 Marengo Road • Galt, CA 95632

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[www.ghsd.k12.ca.us](http://www.ghsd.k12.ca.us)

### VOLUNTEER PERSONAL AUTOMOBILE USE FORM

**[One Form Required for Each Driver to be Approved]**

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

#### REQUIRED INFORMATION

|                                          |  |
|------------------------------------------|--|
| Name of Driver:                          |  |
| Calif. Driver's License No. & Exp. Date: |  |
| Vehicle(s) Year/Make/Model:              |  |
| Vehicle(s) License Plate No.:            |  |
| Insurance Carrier:                       |  |
| Policy Number and Expiration Date:       |  |
| Liability Coverage Limits:               |  |

**We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page.** Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please also be advised**, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

#### VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.

THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR

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3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

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

**Date Received by District:**

**Received by:**