

Student Name: _____

ID# _____

PRIVATE DRIVER APPLICATION (Volunteers Driving Personal Vehicle)

For School Year 2018/19

PERSONAL USE DRIVER INSTRUCTIONS

Drivers and private vehicles being operated for Red Bluff Joint Union High School District purposes must meet or exceed the following guidelines:

1. All drivers must be approved by the school or site administrator.
2. The driver must be at least age 21 to drive for business purposes and **age 25 if transporting students**, possessing a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
3. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
4. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
5. The vehicle will be in excellent condition and repair.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed.
7. No one may transport more than nine passengers plus the driver in any vehicle.
8. All occupants must wear seat belts whenever the vehicle is in motion.
9. All students who are less than 8 years of age or under 4'9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
10. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
11. Smoking a pipe, cigar or cigarette in the vehicle is prohibited.
12. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
13. All drivers must have an acceptable driving record as determined by the RBJUHS District policy. The RBJUHS District reserves the right to require a current H6 Motor Vehicle Report (10 year MVR) and/or accident reports for determination of driver eligibility.
14. The driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to his/her vehicle. The RBJUHS District's liability insurance **does not** extend protection to the private driver unless the driver has been deemed a volunteer/employee by the RBJUHS District. If deemed such, the RBJUHS District's liability insurance serves only as excess insurance over the driver's primary insurance. **Minimum liability limits of insurance required of the driver are:**

Bodily Injury	<u>\$100,000 each person; \$300,000 each occurrence</u>
Property Damage	<u>\$ 50,000 each occurrence</u>

OR

Combined Single Limit	<u>\$300,000 each occurrence</u>
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15. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

DRIVER INFORMATION

Driver Name _____	Date of Birth _____
Address _____	License # _____
_____	Expiration Date _____
Home Phone _____	Cell Phone _____

VEHICLE INFORMATION

Make & Model _____	Vehicle Year _____
Registered Owner Name _____	License Plate No. _____
Number of Seatbelts _____	Registration Expiration Date _____
Number of Booster/Child Restraint Seats, if applicable _____	_____

INSURANCE FOR VEHICLE LISTED ABOVE

Insurance Company _____	Policy No.: _____
Expiration Date of Policy _____	
Bodily Injury Limit \$ _____ each person and \$ _____ each occurrence	
Property Damage Limit \$ _____ each occurrence	
~OR~	
Bodily Injury and Property Damage Liability, Combined Single Limit \$ _____ each occurrence	

DRIVING RECORD

1. Have you had a valid California Driver's License during the past 3 years? ___ Yes ___ No
2. Age when first licensed? _____
3. Based on the Driving Record Table below, does your driving record meet the criteria of an "**Acceptable Driver**"? ___ Yes ___ No

Minor Violations (within past 3 Years) include any moving violation that is not a major/serious violation as shown in this Table. (Examples of minor violations include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).				
Number of Minor Violations Within Last 3 Years	Number of At-Fault Accidents Within Last 3 Years			
	0	1	2	3 or more
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable
License Suspension or Revocation (within past 3 Years)			Unacceptable	
Major/Serious Violations (within past 5 Years)			Unacceptable	
<ul style="list-style-type: none"> • Failure to stop in the event of an accident (Hit and Run) • Driving under the influence of alcohol or drugs or with open container • Refusing to take a substance/chemical test • More than one dismissal of a conviction relating to controlled substances • Reckless/Careless Driving • Homicide or Manslaughter or using vehicle in connection with a felony • Evading a Peace Officer or resisting arrest • Driving the wrong way or in the incorrect lane on a divided highway • Driving in excess of 100 mph • Racing/Speed contests • Passing a stopped school bus 				

➤ **ATTACH**

1. Copy of Driver's License
2. Copy of Current Auto Insurance Policy or Declaration (must show amount of coverage)

DRIVER ACKNOWLEDGEMENT

I certify the above information is correct and agree to advise the RBJUHS District, in writing, of any changes in the above information. I have read and understand the Personal Use Driver Instructions.

Print Driver Name _____ Driver Signature _____
 Date _____

ACKNOWLEDGEMENT BY REGISTERED OWNER:

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise the RBJUHS District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. The RBJUHS District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Print Registered Owner Name _____
 Owner's or Authorized Representative Signature _____ Date _____
 Authorized Driver's Name (if different from registered owner) _____

For District Use Only:

Approved Driver and Vehicle: _____ Date: _____ (Designated District Official)

RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT
1525 Douglass St./P.O. Box 1507
Red Bluff, CA 96080
(530) 529-8700
2018-19

VOLUNTEER INFORMATION:

Name _____
Last First Middle

Address _____
Number & Street City State Zip

Home Telephone _____ Work Telephone _____

Cell phone _____ Email _____

Student's Name _____

Volunteer Services/Program/Sport _____

Name of person under whom you are volunteering _____

Email OR phone number of above named individual _____

Have you ever been convicted of anything other than a minor traffic violation? _____
Yes No

If yes, please explain _____

CERTIFICATION OF VOLUNTEER: Read carefully before signing.
I hereby certify that all answers to the above questions are true.

Date

Volunteer Signature

Date

Administrator Signature

For coaches: Fundamentals of Coaching - <http://nfhslearn.com/?courseID=1000>
Courses Heat Illness and Concussion - <http://nfhslearn.com/?courseID=1000>
Sudden Cardiac Arrest (SCA) - <http://nfhslearn.com/?courseID=1000>
CPR/First Aid, TB Test
Livescan (HR will provide the order; cost to volunteer \$62.00)
Applicant must meet with the school Administrator to get signature.