



Administrative Offices
 1163 E. Seventh Street
 Chico, CA 95928-5999

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 fax 891-3220
 www.ChicoUSD.org

Required for Volunteers

Required Forms	
Form A. Completion of Worker Agreement/Affidavit No Criminal Record	
Form B. Field Trip Driver's Form	
Form C. Completed Volunteer Information Form	
D. Valid Tuberculosis Clearance on file	
E. Fingerprint/Criminal Records Check; Title 5 requirements valid CPR and 1st Aid Certificates	
Volunteer Categories	Required Forms
Special Events/Parents Club:	A
Field trip drivers:	A and B
On-going - directly supervised:	A and C and D
On-going - indirectly supervised:	A and C and D
Coaches:	A and C and D and E
Parent:	A and D

Chico Unified School District

PRIVATE VEHICLE AND DRIVER INFORMATION

Driver () Employee () Citizen () Parent () Relative
 Driver's Child's Name(s) _____ Teacher Name _____
 Driver Name _____ Phone #: _____ Date of Birth _____
 Address _____ Driver's License # _____ Exp. Date _____

Vehicle
 Name of Owner _____ Address: _____
 Make: _____ Year: _____ License Plate #: _____
 Registration Expires _____ Seating Capacity _____ # of Seat Belts _____

Insurance Information
 Insurance Company _____ Policy # _____ Expiration Date _____

Required (minimum of one of the following)

Bodily Injury Liability: 100,000 each person
 Bodily Injury Liability: 300,000 each accident
 Property Damage Liability: 50,000 each accident
 I have this coverage

Combined single limit for Property Damage and
 Bodily Injury of \$300,000 for each accident.
 I have this coverage

- Note:** 1. Attach a copy of your current car insurance to this form.
 2. Children who are less than six years of age or weigh less than 60 pounds and traveling in a motor vehicle must be properly secured in a rear seat in a child passenger restraint system meeting applicable federal motor vehicle safety standards. (Vehicle Code 27360(a) and 27315)

Other: _____
 Name of Agent _____ Telephone # _____

I certify that I have read the District's "Private Vehicle Requirements" and the information listed above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Name _____ Date _____
 Driver's Signature
 Name _____ Date _____
 Principal/Designee/Management
 Representative Signature

PRIVATE VEHICLE REQUIREMENTS

The Chico Unified School District (CUSD) acknowledges the need for responsible private drivers to provide transportation services for numerous school activities that otherwise would not exist without private support.

To ensure that private transportation services will be provided in a safe, efficient and cost effective manner, the following requirements will be met:

1. The driver will be 21 years of age or over and possess a valid California Driver's License.
2. The driver will be in good physical condition, free of any medications that may affect operation of the vehicle.
3. The vehicle will be in excellent condition and repair.
4. The vehicle will have a seat belt for each student being transported and the driver shall require all passengers to use the seat belt.
5. The vehicle will carry only the number of passengers for which it is designed. In no case will more than nine students and a driver be transported in a private vehicle.
6. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations set forth by the State of California. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his host owner/driver..
7. The driver shall have an automobile liability insurance policy and is also responsible for all physical damage to his/her vehicle. CUSD's liability insurance does not extend protection to the private driver unless the driver has been deemed a volunteer/employee by the district. If deemed such, CUSD's liability insurance serves only as excess insurance over the driver's primary insurance. Minimum limits of coverage required of the driver are:

Bodily Injury Liability of not less than \$100,000 each person with \$300,000 each occurrence.

Property Damage Liability of not less than \$50,000 each occurrence.

OR

Combined single limit for Property Damage and Bodily Injury of \$300,000 for each occurrence.

8. **No person shall smoke a pipe, cigar or cigarette in a motor vehicle at any time while connected or associated with a CUSD field trip.**

Health and Safety Code 118947; California Vehicle Code 12814.6