



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

530 / 891-3000
 fax: 891-3220
 www.chicousd.org

PRIVATE VEHICLE REQUIREMENTS

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

A. PERSONAL USE DRIVER INSTRUCTIONS:

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

1. All drivers must be approved by the school or site administrator.
2. The driver must:
 - a. Be at least age 21 to drive for business purposes and age 25 if transporting students:
 - b. Possess a valid California driver's license:
 - c. Have been continuously licensed for a minimum of 3 years.
3. The Driver must be free of any medical condition that may affect his/her ability to operate a vehicle. This includes use of prescription drugs which may impair a person's driving ability.
4. No alcohol or drugs (including prescription drugs which may impair a person's driving ability) will be consumed prior to, or while operating the vehicle. The driver must be free of any driving impairments, including lack of sleep or distraction.
5. The vehicle must be in excellent condition and repair.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed, and the number of seatbelts in the vehicle.
7. No one may transport more than nine passengers plus the driver in any vehicle.
8. All occupants must wear seatbelts 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 car seat or booster seat, that meets applicable federal motor vehicle safety standards, in the rear seat.
10. The driver shall not use any device while driving, including a cell phone, Bluetooth, pager, tablet or other such device, including to text, make calls, or utilize the Internet. (Exception may be made in emergency circumstances.)
11. 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; Calif. Vehicle Code 12814.6
12. The driver accepts the added responsibility that comes from carrying extra individuals; therefore, he or she shall 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. The driver must have an acceptable driving record as determined by the Chico Unified School District policy. The Chico Unified School District reserves the right to require a current H6 Motor Vehicle Report (10 year MVR) and/or accident reports for determination of driver's eligibility.
14. Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on Chico Unified School District business and involved in an accident, by law your liability insurance policy is used first. (Ins. Code §11580.9(d).)

Minimum liability limits of insurance required 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>

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.

Chico Unified School District
2015/2016 - PRIVATE VEHICLE AND DRIVER INFORMATION

B. DRIVER INFORMATION:

Driver's Child's Name(s): _____

Teacher's Name: _____

School Site: _____

Driver's Name: _____

Address: _____ City: _____ Date of Birth: _____

State: _____ Zip: _____ Telephone Number: _____ Driver's License number: _____

Expiration Date: _____

C. VEHICLE INFORMATION:

Owner's Name: _____ Make: _____ Year: _____

Address: _____ License Plate Number: _____

City: _____ State: _____ Zip: _____ Registration Expiration: _____

Seating Capacity: _____ Number of Seat Belts: _____ Number of Booster/Child Restraint Seats, if applicable: _____

D. DRIVING RECORD

Have you had a valid California Driver's License during the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Based on the Driving Record Table below, does your driving record meet the criteria of an "Acceptable Driver"?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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, and any other moving violation where DMV points are assessed)*

Number of Minor Violation 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**

<p>Major/Serious Violation (within past 5 years)</p> <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 100mph Racing/Speed Contest Passing a stopped school bus 	Unacceptable
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E. INSURANCE INFORMATION FOR VEHICLE LISTED:

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

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.

F. ATTACH:

1. Copy of Driver's License
2. **Copy of Current Auto Insurance Declaration**

G. DRIVER ACKNOWLEDGEMENT

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

Print Driver's Name: _____

Driver's Signature: _____

Date: _____

H. 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, as set forth above, and agree to advise the Chico Unified School 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 claim for damage. The Chico Unified School 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: _____

Authorized Driver's Name (if different from owner): _____

Date: _____

For Office Use Only:

Approved Driver and Vehicle: _____

Principal/Designee Signature: _____

Date: _____



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Volunteer Form A
1 of 2

Requirements 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

Form D. Valid Tuberculosis Clearance on File

Form E. Fingerprint/Criminal Records Check; Title 5 requirements valid CPR and 1st Aid Certificates

<u>Volunteer Categories</u>	<u>Required Forms</u>
Special Events / Parent Club	A
Field Trip Drivers	A, B
On-going – Directly Supervised	A, C, D
On-going – Indirectly Supervised	A, C, D
Coaches	A, C, D, E
Parent	A, D

Agreement – Volunteer Worker

I, _____, have requested authorization to serve as a volunteer worker without pay in the capacity and classification of _____ for the Chico Unified School District during the period estimated to run from _____ to _____. I understand that my work station will be _____ and my supervisor will be _____. I certify that I am qualified to serve in the above capacity and classification as a safe worker due to prior experience and training.

The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to himself/herself arising as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the Undersigned does for himself/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF THE PARTICIPANT BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for himself/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the District, he/she shall indemnify and save harmless the same District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity described above, and is fully aware of the legal consequences of signing the within instrument.

Signature (Applicant)

Date

Signature of Witness to above Signature(s)

Date

Affidavit Affirming No Criminal Record

I hereby certify that I have not been charged with or convicted of a violent or serious felony as defined in California Education code 45122.1. I declare under penalty of perjury that the foregoing is true and correct.

Signed by: _____

Date: _____

Authorized by: _____

Date: _____

Title: _____