



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

530/891-3000
 fax 891-3220
 www.ChicoUSD.org

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 service 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 him/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 him/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 him/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 DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/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 _____



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**Volunteer Form B
1 of 3**

Private Vehicle and Driver Information

For School Year 2014/2015

A. PERSONAL USE DRIVER INSTRUCTIONS

Drivers and private vehicles being operated for Chico Unified 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, 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. 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 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. The Chico Unified School District liability policy would be used only after your policy limits have been exceeded. **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.

B. 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 _____
 Registration Expiration Date _____ Number of Seatbelts _____
 Number of Booster/Child Restraint Seats, if applicable _____

C. 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

D. 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. <i>(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).</i>				
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 				

<ul style="list-style-type: none">• 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	Unacceptable
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E. **ATTACH**

1. Copy of Drivers License

2. Copy of Current Auto Insurance Policy or Auto ID Card

F. **DRIVER ACKNOWLEDGEMENT**

I certify the above information is correct and agree to advise the Chico Unified School 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 _____

G. **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 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 claims 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 District Use Only:

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



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Volunteer Form C

Chico Unified School District – Volunteer Information Form

Name: _____
 (Last) (First) (Initial)

Address: _____

Phone: _____

1. How can you help our students? _____

2. What special skills and/or talents do you bring to our school? _____

Please list two professional or personal references who may be contacted:

Name	Position	Phone Number

I certify that this person is known to me: _____
 Principal/Designee Signature