

ENCINITAS UNION SCHOOL DISTRICT

E 3541.1

Volunteer Information Form to Provide Transportation by Private Vehicle

Dear Volunteer:

The following event is scheduled for the children at our school. If you are interested in helping us by transporting students off-campus, please complete and return this form. Thank you for your support.

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_  
Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

**Requirements**

**Please initial each of the items below to indicate agreement:**

- \_\_\_\_\_ I am at least 21 years old.
- \_\_\_\_\_ I will provide and ensure the use of a seatbelt by all passengers and myself.
- \_\_\_\_\_ I will carry only the number of passengers for which my vehicle was designed and in no case will I carry more than nine passengers.
- \_\_\_\_\_ I will ensure that every child under the age of 8 who is under 4'9" tall will be secured in a booster seat in the back seat. Any child under the age of 8 who is 4'9" or taller may be secured by a safety belt in the back seat.
- \_\_\_\_\_ I performed a safety check of my vehicle's tires, brakes, lights, horn, and suspension and found all items to be in safe working order.
- \_\_\_\_\_ I will drive directly to and from the field trip location without making any unscheduled stops.
- \_\_\_\_\_ I will only drive to a field trip destination within 50 miles of Encinitas.
- \_\_\_\_\_ I will not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
- \_\_\_\_\_ I will obey all traffic laws.

**Please initial to indicate that each of the following items are attached to this form:**

- \_\_\_\_\_ A copy of my valid California driver's license. Expiration Date \_\_\_\_\_
- \_\_\_\_\_ A copy of my car's registration. Expiration Date \_\_\_\_\_
- \_\_\_\_\_ Verification of my good driving record from the DMV (no indication of concerns) or a good driver notice from my insurance carrier (needs to be renewed every six months). Recheck Date \_\_\_\_\_
- \_\_\_\_\_ A copy of my insurance policy indicating the following minimal coverage:  
 Bodily injury - \$100,000/\$300,000 per accident  
 Property Damage - \$50,000 per accident  
 Medical Payments - \$2,000 per accident  
 Policy Expiration date \_\_\_\_\_

I agree to these requirements, have attached copies as requested, and am available to drive on the field trip indicated above.

\_\_\_\_\_  
Please print name here.

\_\_\_\_\_  
Please sign name here.

\_\_\_\_\_  
Date

**This form and all attachments must be reviewed and updated prior to each field trip.**