

**DAVIS JOINT UNIFIED SCHOOL DISTRICT**

**Volunteer/Employee Use of Auto Statement  
for School Activity and Insurance Certification (Form 3a)**

***MASTER FOR SCHOOL YEAR \_\_\_\_\_***  
***(NOTIFY SCHOOL OFFICE OF ANY CHANGES)***

ACTIVITY		LOCATION	
YEAR	MAKE OF VEHICLE	MODEL	COLOR
OWNER		DRIVER	
REGISTERED OWNER(S) OF VEHICLE <i>(Print)</i>		DRIVER OF VEHICLE <i>(Print)</i> (if different from registered owner)	
TELEPHONE NUMBER Home (     ) ) Work (     ) )		TELEPHONE NUMBER Home (     ) ) Work (     ) )	
ADDRESS		ADDRESS	
DRIVER'S LICENSE NUMBER	LICENSE EXPIRATION	DRIVER'S LICENSE NUMBER	LICENSE EXPIRATION
INSURANCE COMPANY		POLICY EXPIRATION DATE	
POLICY #			
REGISTERED OWNER'S SIGNATURE		DRIVER'S SIGNATURE	

- As the registered owner, I certify that the above-described vehicle has a valid registration and is covered as is indicated by the **attached copy of a current Proof of Auto Insurance Card**
- I certify that the aforementioned insurance coverage includes no less than \$50,000/\$100,000 for liability coverage and no less than \$25,000 for property damage.
- I certify that the aforementioned liability insurance coverage is in force and agree to advise the District, in writing, of any changes in the above information.
- I certify that the above vehicle is mechanically safe.
- As driver of the vehicle described above, I agree to furnish transportation for a school activity involving travel TO (\_\_\_\_\_) FROM (\_\_\_\_\_) the location described above.
- As driver and/or owner, I certify that I have read both sides of this form and that all requirements are met.
- As owner of the vehicle described above, I certify that the driver of above-described vehicle:
  - is in good physical and mental health and is safe to drive
  - has a good driving record and does not have excessive traffic violations per DMV point count.
- As driver, I also certify that I meet the requirements of item 7, above.
- This certification may remain in effect through a school year or the last effective date of the insurance policy, whichever one comes first.

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover nor is it responsible for, comprehensive and collision coverage to your car.

DATE	DRIVER'S SIGNATURE
DATE	VEHICLE OWNER'S SIGNATURE

The principal shall refer to Administrative Procedure 3.15-4 for verification of compliance with district requirements for volunteer drivers. Signature of principal implies all district requirements are fulfilled, as certified on this form:

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Principal's Signature*

**CONDITIONS AND INSTRUCTIONS**

(Form 3a continued)

As volunteer driver providing transportation to students involved in an authorized school activity, I have read, understood and will meet the conditions noted below. I further agree to provide the required information and to abide by these conditions and instructions while acting as volunteer driver.

1. I understand that my own automobile liability insurance will always be considered as primary coverage. I have checked the adequacy of my liability insurance (item 1, page 1 of this form) and understand that **I am liable** in the event of accident, injury or death resulting from such use of my vehicle.  
  
*State law states that "all persons making any field trip or excursion shall be deemed to have waived all claims against the district (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (Ed Code 35330)*
2. I understand that all travel by private car requires prior approval by the Principal.
3. I understand that I must be at least **25 years of age** in order to be a volunteer driver and certify that fact by my signature on this form.
4. I understand that parents/guardians assume sole responsibility for transporting their youngsters to activities when neither the school nor the district provides transportation or organized private vehicle transportation.
5. I understand that I must submit a signed *Volunteer Use of Auto Statement* annually to the principal so that my volunteer driving status remains in force.
6. I understand that by signing this form, I waive and release the district from any and all claims for reimbursement for any such transportation.
7. Vehicles volunteered cannot be designed to carry more than nine persons, including the driver. The vehicle must carry only the number of passengers for which it was designed. Each passenger is required to use a safety restraint (*Vehicle Code 27315*).
8. The number of occupants in a pickup or motortruck may not exceed more persons than can safely sit in the **passenger** compartment. Motorhomes and open Jeep-type vehicles may not be used to transport students. Students are expressly forbidden to ride in the cargo area of pickups or motortrucks whether or not these areas are enclosed by camper shells or other protective covering. Students may not be seated in front seats of cars with passenger side air bags. **Students weighing less than 60 pounds OR under six (6) years of age are required to use approved child safety restraints appropriate for that child's size.** If a child rides in a safety seat, I accept responsibility for installing, placing and ensuring that the child is appropriately and safely seated and buckled in the safety seat.
9. I certify that the vehicle is in safe operating condition, and that I have checked or had a mechanical check prior to the trip, including, but not limited to: tires (including spare), brakes, lights, turn signals, horn, suspension, seat belts, emergency tools and equipment (such as a jack and chains), and that said vehicle is mechanically sound.
10. I certify that the vehicle possesses emergency warning devices such as flares and/or reflectors.
11. I understand that I must travel caravan style if more than one vehicle is used for the trip.
12. In the event of an accident, I will notify the City of Davis Police Department or California Highway Patrol, as appropriate, and request that the Principal be contacted by them, in addition to normal procedure.
13. I will assume supervisory responsibilities for student control to and from activities.
14. I promise not to drive with any alcohol or illegal substance in my system while acting as a volunteer driver.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature

**DAVIS JOINT UNIFIED SCHOOL DISTRICT**

**Driver Emergency Procedure/Insurance Verification (Form 3b)**

***MASTER FOR SCHOOL YEAR \_\_\_\_\_***  
***(NOTIFY SCHOOL OFFICE OF ANY CHANGES)***

I, the undersigned driver \_\_\_\_\_,  
do hereby authorize the DAVIS JOINT UNIFIED SCHOOL DISTRICT, representative as agent(s) on my behalf,  
to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care  
which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or  
surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said  
physician or at any duly licensed medical facility.

It is understand this authorization is given in advance of any specific diagnosis treatment, or hospital care  
required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent  
in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned  
physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the  
provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

I, the undersigned, agree to bear all costs incurred as a result of the foregoing. This authorization shall remain in  
effect for the duration of this academic year.

Home Phone: \_\_\_\_\_ Business Phone : \_\_\_\_\_

Alternate Emergency Phone#: \_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Medical/Accident Insurance Company: \_\_\_\_\_

Insurance Policy/Group No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**Date**

It is the responsibility of the driver to update this information. Please notify the office of any changes.

The Davis Joint Unified School District does not provide medical coverage for students. If you do not have  
medical coverage or would like additional secondary coverage for school events at a nominal cost, you may  
pick up information on supplemental school medical coverage from the school site secretary.