Oroville Union High School District

Employee/Volunteer Personal Vehicle Use Form

Driver Instructions

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by the District for each occurrence.

2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.

3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.

4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with the law.

5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.

6. Obey all traffic laws.

7. Take the most direct route to the destination or event without unnecessary stops.

Employees and volunteers must be at least 21 years of age to transport a student in a personal vehicle or to drive a district vehicle.

In case of emergency, keep all the students together and call 911 and the District office at 530-538-2300.
Employee/Volunteer Personal Vehicle Use Form

Driver (circle one):  Employee  Parent/Guardian  Volunteer

Name____________________________________  Date of Birth____________________
Address____________________________________  Driver’s License #__________________
Telephone # (      ) ___________________________  CDL Expiration Date__________________

What activity are you driving for? ________________________________

VEHICLE INFORMATION:

Name of Owner________________________________  Year___________________________
Address______________________________________  Make__________________________
Registration Expiration___________________________  License Plate # _________________

INSURANCE INFORMATION:

(Minimum requirements: If this is a private vehicle the minimum limits for bodily injury liability must be $100,000 each person, $300,000 each accident and $50,000 property damage each accident. Please attach copy of insurance policy coverage page).

Insurance Company_____________________________  Policy #________________________
Telephone #_________________________  Expiration Date__________________
Liability Limits of Policy_________________________________________________________

DRIVER STATEMENT:

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand I must have insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I understand that the District’s liability policy would be used only after my policy limits have been exceeded. I understand the District does not cover, nor is it responsible for, comprehensive and collision coverage to my vehicle.

I certify that I have received and will abide by the driver instructions provided by the district.

Name_________________________________________  Date__________________________