DECLARATION OF VOLUNTEERS WHO USE THEIR OWN VEHICLES FOR DISTRICT RELATED-FUNCTIONS

1.	I am at least 21 years of age and hold a current valid California driver's license, the number of which i and expires on The vehicle described below is insured by with minimum autiliability insurance limits of: Bodily Injury \$100,000/\$300,000, Property Damage \$50,000 per accident, and Medica Payments \$2,000 per accident.		
2.			
	I understand that my insurance will be primary coverage should the need arise as a result of my transporting the students		
	ss Lake Joint Union Elementary School District ve coverage with insurance agent whose name, ac		
Name of Insurance Agent		Telephone Number	Policy Number
Add	Iress of Insurance Agent (Number & Street, City, Z	(ip Code)	
<u>VEI</u>	HICLE INFORMATION		
Yea	Make Type of Vehic	Passenger Capacity	License Plate Number
3.	I have attached to this form a current printout of automobile liability insurance policy which is in for		
4.	There will be no financial charge by me to the Dis	strict for my transporting of pupils.	
5.	I understand and agree that I will respond to any request from School Distriction DMV or insurance information within five (5) days of the request.		
6.	I agree that I will notify School District of any change in the ownership status of my vehicles or insurance information relating to my automobile within three (3) days of the change.		
7.	My vehicle is properly equipped with seat belts, and I agree to enforce all seal belt laws at all times.		
8.	My vehicle is equipped to transport passengers, excluding the driver. I agree that I will not transport more that the legally permissible number of passengers deemed appropriate for my vehicle.		
9.	I agree that I will not serve as a driver of my ow limits are lower than those authorized above or if am under 21 years of age.	n vehicle on District business if n my driver's license is expired, revo	ny automobile liability insurance policy oked, or suspended for any reason, or
	A. By signing this Contract I do hereby indemnii employees, agents and board members from loss sustained by any person while being to represent to the school district that the inform	m any liability for any personal in transported by me to and/or from	jury, death, property damage or othe a any district-related function. I furthe
 Nar	ne of Driver/Owner (Please Print)	Signature of Driver,	'Owner
Dat	e:		