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 is _____ and expires on _____.

2. The vehicle described below is insured by _____ with minimum auto liability insurance limits of: Bodily Injury $100,000/$300,000, Property Damage $50,000 per accident, and Medical Payments $2,000 per accident.

   I understand that my insurance will be primary coverage should the need arise as a result of my transporting the students.

River Islands Academies may confirm by telephone or written communication the above coverage with insurance agent whose name, address, and phone number are listed below:

_____	_____	_____
Name of Insurance Agent	Telephone Number	Policy Number

_____

Address of Insurance Agent (Number & Street, City, Zip Code)

VEHICLE INFORMATION

_____	_____	_____	_____	_____
Year	Make	Type of Vehicle	Passenger Capacity	License Plate Number

3. I have attached to this form a current printout of my driving record from the Department of Motor Vehicles, a copy of my automobile liability insurance policy which is in force at the present time, and a copy of my driver's license.

4. There will be no financial charge by me to the District for my transporting of pupils.

5. I understand and agree that I will respond to any request from _____ School District for 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 than the legally permissible number of passengers deemed appropriate for my vehicle.

9. I agree that I will not serve as a driver of my own vehicle on District business if my automobile liability insurance policy limits are lower than those authorized above or if my driver's license is expired, revoked, or suspended for any reason, or I am under 21 years of age.

   A. *By signing this Contract I do hereby indemnify and hold harmless the _____ School District and its employees, agents and board members from any liability for any personal injury, death, property damage or other loss sustained by any person while being transported by me to and/or from any district-related function. I further represent to the school district that the information I have furnished above is true to the best of my knowledge.*

_____	_____
Name of Driver/Owner (Please Print)	Signature of Driver/Owner

Date: _____