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		
	rra Unified School District may confirm by tele urance agent whose name, address, and phone num		n the above coverage with
Name of Insurance Agent		Telephone Number	Policy Number
Add	dress of Insurance Agent (Number & Street, City, Zip	o Code)	
<u>VEI</u>	HICLE INFORMATION		
Yea	ar Make Type of Vehicle	e 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 ownershi 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.		
 I agree that I will not serve as a driver of my own vehicle on District business limits are lower than those authorized above or if my driver's license is expired, am under 21 years of age. 		n vehicle on District business if m ny driver's license is expired, revo	ny automobile liability insurance policy ked, or suspended for any reason, or
	A. By signing this Contract I do hereby indemnify employees, agents and board members from loss sustained by any person while being transpersent to the school district that the information	n any liability for any personal in ansported by me to and/or from	iury, death, property damage or othe any district-related function. I furthe
Nar	me of Driver/Owner (Please Print)	Signature of Driver/	Owner
Dat	e:		