BERKELEY UNIFIED SCHOOL DISTRICT
NOTIFICATION TO ADULTS DRIVING PRIVATE VEHICLES

Volunteer's Name: _____

Thank you for volunteering to transport _____students in your private vehicle from

_____ to _____ on _____between the hours of

_____am/pm to _____am/pm.

We want to inform you of the following while using private transportation:

1. The District's liability insurance does not cover damage to your vehicle or traffic violations incurred by the operation of your vehicle

2. Each driver of a private vehicle must have a valid California driver's license.

3. Each vehicle shall carry liability insurance of at least $300,000 per accident. This coverage is primary.

4. Passengers who are students must have the written consent of parent/guardian.

5. Vehicles must be registered in California and in proper mechanical condition.

6. No financial payment by the District shall be made for pupil transportation provided in a private vehicle.

7. The number of passengers to be transported in any one vehicle shall not be more than the number of seat belts in the vehicle

8. The driver and all passengers must wear seat belts.

9. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten (10)

10. Trucks and pickups may not transport more persons than can safely sit in the passenger compartment.

Please sign below indicating that you understand these requirements and that you recognize the personal implications and responsibilities of the trip and return this notification to the school office.

School Principal _____ Date_____

Driver's Signature_____

California Driver's License # _____

Insurance Company _____ Policy # _____

Policy Renewal Date _____ Limits_____

BERKELEY UNIFIED SCHOOL DISTRICT

USE OF PRIVATE VEHICLE TRANSPORTATION PERMIT

I, _____declare as follows:

1. I request that I be permitted to drive Berkeley Unified School District student athletes to and from the practices and games;

2. I possess a valid California Driver's License which has never been suspended or revoked for any reason, and a copy of which is attached;

3. I am legally and physically permitted to drive a vehicle in California, and do not have any outstanding traffic violation warrants issued against me;

4. I maintain an automobile insurance policy which has a minimum $100,000 single liability and $300,000 per occurrence liability, a proof of which is attached;

5. I understand that it is my sole responsibility to ensure that student athletes wear seatbelts at all times while in my vehicle;

6. I understand that it is my sole responsibility to ensure that student athletes do not consume any alcoholic beverages or controlled substances while in my vehicle; and

7. I understand that student athletes' health and safety while in my vehicle is my sole responsibility and that the District assumes no liability.

I have read and understood the foregoing.

_____ _____

(SIGNATURE) (DATE)

BERKELEY UNIFIED SCHOOL DISTRICT
USE OF PRIVATE VEHICLE REQUEST FORM

DRIVER INFORMATION: *(please print)*

Name:_____

Address:_____
Street City State Zip

Driver's License Number: _____ / _____ Date of Birth: _____/_____/_____
Number State Month Day Year

Driver's License Expiration Date:_____

Please attach a current copy of Driver's License.

VEHICLE INFORMATION: *(please print)*

Make: _____ Model: _____ Year: _____

Vehicle License Number: _____

Registered Owner: _____Phone Number: ( ) _____

Address: _____
Street City State Zip

INSURANCE INFORMATION: *(please print)* **Please attach current copy of your Vehicle Insurance Card**

Insurance Carrier: _____

Insurance Agent: _____ **Phone Number: ( )**_____

Address: _____
Street City State Zip

Policy Number: _____

Effective Date: _____ Expiration Date: _____

Limits of Liability: _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver or district employee. I must possess a valid and current driver's license that is designated for the class of vehicle to be driven, a current vehicle registration and have at least the minimum insurance coverage in effect as specified by District policy on any private vehicle I use to transport students or for District business. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose danger while transporting students. I understand that, per the California Vehicle Code, my personal automobile liability insurance policy shall be primary in the event of an accident and I understand that the District provides no insurance coverage for physical damage to my personal vehicle or property.

I give my permission to allow Berkeley Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.

_____ _____
(Signature) (Date)

_____
(Name – Please Print)