_____ Date: _____

>> Che	ck here	if this is	s updated:
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Insurance Info				
Driver's License Info				

PAJARO VALLEY UNIFIED SCHOOL DISTRICT VOLUNTEER DRIVER INFORMATION

For Volunteers Who Drive Students to School Sponsored Activities

roi voiunieeis wn	io Drive students to school spo	nsored Activities		
School:	Teacher:	Date:		
Student:	Insurance Expirat	Insurance Expiration		
following information. Please	ren maximum safety conditions, it is	formation, sign and date.		
*A copy of "Proof of Insura	nust be filled out for each update of in nce", with minimum liability coveraging Driver's License attached.			
As a volunteer driver I cert	ify:			
\$15,000 \$5,000	ia Driver's License. bility insurance with the following mir 0 per person/\$30,000 per accident Property Damage carry higher than state minimum limit			
 auto medical To the best of my kno I have taken all reaso I have not received a 	wledge, my vehicle is mechanically nable precautions in order to ensure moving violation in the past 12 (tweles in my vehicle will be provided and	sound. the safety of the students. ve) months.		
 A booster seat will be the new California Ve No student will drive he I am aware that all va In case of an accider be used first with Paja If above conditions cl volunteer driver until t I understand and agree 	used for all students under 8 (eight) y hicle Law SB 929, January 1, 2012. him/herself or other students. hunteer drivers must be 21 (twenty-or hit where I am responsible, it is unders ro Valley Unified School District (PVUS hange and/or cannot be met, I will no he requirements can be met. see that each driver's record is subject sonnel, up to and including DMV rec	ne) years of age or older. tood that my insurance wil SD) insurance used second to longer participate as a		
	nder the age of 12 sit in rear seats, es r-side airbag. Statistics indicate child			
Driver's Name:	Please print Driver Lic. Expiration			
·	ınt			
Driver's Address:Street	City	State Zip Code		
Driver's Signature:		Date:		

PLEASE RETURN THIS FORM TO YOUR SCHOOL OFFICE. ATTACH PROOF OF THE ABOVE MINIMUM LIABILITY INSURANCE COVERAGE AND A COPY OF YOUR CURRENT DRIVERS LICENSE.

Rev. 8/13

Principal's Signature: _____