



Volunteer Drivers for Activity Trips for Campbell Union School District

The safety of our district students is our first priority. In order to ensure the highest level of safety for our students, all volunteer drivers will be required to submit documentation that verifies qualification of insurance and driving record.

The following items shall be submitted to the Transportation Department (via the school if desired) at least 4 weeks prior to the trips:

1. Proof of vehicle insurance meeting the district minimums with the volunteer named as insured:
 - a. Liability Bodily Injury \$100,000/\$300,000 per accident
 - b. Property Damage \$25,000 per accident
 - c. Medical Payments \$2,000
2. A DMV driver record printout dated within 30 days of submission. This can be obtained at DMV or online at <https://www.dmv.ca.gov/portal/dmv/detail/online/dr>.
The district will use the following criteria when reviewing the driver record for qualification:

0-2 years	No violations and no at fault accidents
2-4 years	1 or fewer minor violations and 1 fault accident
Length of record	No major violations or violations carrying a point count of 1 or more
3. A signed Private Vehicle Driver Registration form

Any questions can be directed to:

Chrissie Stevenson – Transportation Supervisor
cstevenson@campbellusd.org or 408-341-7208

Important Information for Volunteer Drivers

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have a valid California driver license and current liability insurance on file with the district. Campbell Union School District **DOES NOT** provide coverage for owners driving and transporting students.
2. No financial charge to the district shall be made for pupil transportation by private vehicle.
3. Check the safety of your vehicle: Tires, brakes, lights, horn, suspension, etc.

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Important Information for Volunteer Drivers (continued from page 1)

4. 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). If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.
5. All drivers shall wear safety belts and shall ensure that all passengers are properly secured in seat belts or child passenger restraint systems in accordance with law. A child who is under 8 years old shall be properly secured in a rear seat in an appropriate child passenger restraint system (child car seat or booster seat) meeting federal standards.
6. Demonstrate good judgment while in the company of the children:
 - a. Do not smoke a pipe, cigar, e-cigarette, or cigarette in the car where minors are present.
 - b. Drugs and alcoholic beverages of any kind are prohibited.
 - c. Follow and obey all the laws of the California Vehicle Code.
7. Carry with you the list of participating students and their emergency contact information.
8. Take the most direct route to the destination or event without unnecessary stops.
9. Do not return from the trip until all students are accounted for at the direction of the teacher supervising the trip.
10. In case of emergency, keep all children together and call 911 and the district office (408) 364-4200.
11. Ask students to check for personal belongings at the end of the trip.



Private Vehicle Driver Registration for Campbell Union School District

Driver (circle one): Employee Parent/Guardian Volunteer (Must be over 21)

Name _____ Date of Birth _____

Address _____

Driver's License No. _____ Expiration Date: _____

Telephone No. (_____) _____

VEHICLE INFORMATION

Name of Owner: _____

Address: _____

Year: _____ Make: _____ Model: _____

License Plate No.: _____

Registration Expires _____ Seating Capacity/No. of Seat Belts: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy No. _____

Telephone No. () _____ Expiration Date: _____

*Liability Limits of Policy _____

Name of Agent _____ Telephone No. () _____

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five (5) years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I have also reviewed the Important Information for Volunteer Drivers and agree to follow all rules and recommendations.

Driver Signature: _____ Date: _____