

Student Last Name: _____ Grade(s): _____

ROLLING HILLS COUNTRY DAY SCHOOL
PARENT VOLUNTEER DRIVER AGREEMENT

FOR PARENTS VOLUNTEERING TO DRIVE ON SELECTED FIELD TRIPS,
ACTIVITIES, AND ATHLETIC COMPETITIONS: **2019-2020 SCHOOL YEAR**

Dear Parents,

Thank you for your interest in volunteering to drive students on selected field trips, activities, and athletic competitions. For the safety of your children and in order to comply with the school's liability insurance requirements, it is necessary for all parents who plan to assist in driving to provide the information detailed below **IN EARLY SEPTEMBER OF EACH ACADEMIC YEAR**. Please complete this form in its entirety (front and back) and also attach a copy of:

- DMV driver record – obtain online for \$2 per record (see website below), or at the DMV.
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome>
- Valid automobile insurance card

Print name **exactly** as shown on Driver's License _____

Address: _____

Name(s) and grade(s) of child(ren): _____

Driver's License number: _____ Expiration date: _____

State license was issued: _____ Date of birth: _____

What type of vehicle do you normally drive (make and model): _____

Vehicle year: _____ License plate number: _____

Is this vehicle in working and safe condition? _____

Number of seat belts available in vehicle, not including the driver seat or front passenger seat: _____

Do you carry auto insurance on this vehicle? YES _____ NO _____

Auto insurance company name: _____

Auto insurance policy number (**attach copy of insurance card**): _____

Limits of automobile liability: _____ \$100,000/\$300,000 _____ \$250,000/\$500,000 _____ Other (please specify)

UNACCEPTABLE DRIVING RECORD GUIDELINES INCLUDE BUT ARE NOT LIMITED TO:

- Driving unlicensed, or with a suspended or revoked license
- Driving while intoxicated or under the influence of alcohol or drugs (during past 10 Years)
- Reckless driving
- Speeding 21 mph or more over the speed limit
- Leaving the scene of an accident without providing required information (hit & run)
- Homicide, manslaughter, or assault arising out of the operation of a motor vehicle
- More than three moving violations in the past 3 years
- Two or more at-fault accidents in the past 3 years
- Involved in an accident resulting in fatality due to driver's negligence
- Any combination of four or more Department of Motor Vehicle points for moving violations and/or accidents during the past 3 years

PLEASE ALSO COMPLETE REVERSE SIDE

VOLUNTEER DRIVER AUTHORIZATION AGREEMENT

I, _____, volunteer as a driver for school-sponsored and supervised field trips and/or scheduled athletic events for Rolling Hills Country Day School.

I understand and agree that information provided here is true and correct to the best of my knowledge:

- I shall assume responsibility for the children I transport from the time we leave school until we return while they are in my vehicle or under my care and supervision.
- My vehicle will be maintained in safe operating condition at all times while used to transport children.
- It is my responsibility to ensure that all passengers riding in my vehicle are secured with an individual seatbelt at all times, with no double belting. Any child under 60lbs. will be secured into an approved child restraint system (safety or booster seat). The seat(s) will be properly secured in the back seat of the vehicle.
- I shall not text or use a cell phone while transporting children.
- I will follow trip directions and make no unauthorized stops other than those for an emergency.
- I will carry liability insurance on my vehicle that, together with any applicable umbrella excess liability coverage, that meets or exceeds the limits of \$300,000 Combined Single Limit or \$250,000 per person, \$500,000 per accident and \$100,000 property damage liability. (Should my coverage lapse or limits be reduced I will notify the school administration prior to driving on their behalf.)
- I am over 24 years of age.
- In the event of an accident, my insurance company will be considered the 'primary insurer' liable for suit. The school's insurance company will not be liable for physical damage or liability.

I agree to release the school from (i) any and all liability for property damage to my vehicle or loss of any of its contents, and (ii) any and all liability that results from an accident or incident that causes bodily injury, personal injury or property damage.

I will immediately notify the school should there be any changes to my driver's license or insurance coverage. I further understand that the school reserves the right to disqualify me as a volunteer driver on the basis of the information that it obtains.

No volunteer will be permitted to drive until all the necessary information is on file in the school office.

This authorization supersedes any prior authorizations signed by me and expires 12 months from the date of the signature below.

Signature

Date

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- I, _____, voluntarily provide Rolling Hills Country Day School with a copy of my driving record from the Department of Motor Vehicles (DMV) for consideration as a volunteer parent driver. I agree to notify the School of any changes in this record during the effective period of this agreement. By signing this Authorization form, I acknowledge that Rolling Hills Country Day School has given me the opportunity to ask questions concerning the possible use of this report.

Applicant's Name (Print)

Applicant's Signature

Date