



REQUIREMENTS FOR VOLUNTEER DRIVING STUDENT TRANSPORTATION

The Trinity Alps Unified School District acknowledges the need for responsible private drivers to provide transportation services for numerous school activities that otherwise would not exist without private support.

Any private driver wishing to drive students must fill out the Volunteer Vehicle Form. This form must be completed and received in the District Office for approval a minimum of **3 days** before you plan to drive on a trip. You must include a current copy of:

- Insurance declaration page (vehicle covered, coverage dates, and limits)
- Current DMV print-out
- Photocopy of your current driver's license

These forms must be renewed each school year. Volunteers will be notified by email when expiration of driver license, car registration, and/or auto insurance expires.

-Return all completed forms to the District Office-

Thank you for your continued support of extra-curricular and athletic student activities.

Tom Barnett - Superintendent

Cindy Blanchard - Director of Business Services

Weaverville Elementary School • Trinity Preparatory Academy • Cox Bar Elementary School
Alps View High School • Trinity River Community Day School • Trinity High School

PRIVATE DRIVE APPLICATION – Page 1 of 4

Name of School Site _____ School Year _____

Driver-Applicant Information:

Name: _____ Date of Birth: _____

Address: _____

Driver License # _____ Class: _____ State: _____ Expiration Date: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email Address: _____

Driving Record:1. Have you had a valid California Driver's License continuously during the past 3 years?Yes No 2. Age when first licensed: _____3. Number of Moving violations received, if any, in the past 3 years: *Explain: _____

_____4. Number of accidents, if any, in the past 3 years: *Explain: _____

* Use additional sheet, if necessary, for explanation and attach it to this form

5. Based on the Driving Record Table on page 2, does your driving record meet the criteria of an "AcceptableDriver"? Yes No

Motor Vehicle Report (MVR) Grading Criteria
 Used to determine if the applicant meets the criteria
 of an “Acceptable Driver”

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Number of Minor Violations Within Last 3 Years	Number of Preventable Accidents Within Last 3 Years			
	0	1	2	3
0	Acceptable	Acceptable	Unacceptable	Unacceptable
1	Acceptable	Acceptable	Unacceptable	Unacceptable
2	Acceptable	Unacceptable	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Minor Violations (3 Years) <i>Any moving violation that is not a Serious Violation as shown in this Table. (Examples include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).</i>				
License Suspension or Revocation (for other than failure to pay fines) or Driving with Suspended License Within Last 3 Yrs	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Any Serious Violations Within Last 5 Years	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Serious Violations (5 Years) <ul style="list-style-type: none"> • Failure to stop in the event of an accident (Hit and Run) • Driving under the influence of alcohol or drugs or with open container • Refusing to take a substance/chemical test • More than one dismissal of a conviction relating to controlled substances • Reckless/Careless Driving • Homicide or Manslaughter or using vehicle in connection with a felony • Evading a Peace Officer or resisting arrest • Driving the wrong way or in the incorrect lane on a divided highway • Driving in excess of 100 mph • Racing/Speed contests • Passing a stopped school bus 				

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Trinity Alps Unified School District

Driver Requirements:

The Trinity Alps Unified School District (TAUSD) acknowledges the need for responsible volunteer drivers to provide transportation services for school activities and related business.

To ensure that private transportation services will be provided in a safe, efficient and cost effective manner, the following requirements will be met:

1. The driver must be at least 21 years of age to drive for business purposes, possess a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
2. The driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
3. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
4. The vehicle will be in excellent condition and repair.
5. The number of passengers shall not exceed the capacity for which the vehicle was designed.
6. No one may transport more than nine passengers plus the driver in any vehicle.
7. All occupants must wear set belts whenever the vehicle is in motion.
8. All students who are less than 8 years of age or under 4' 9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
9. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
10. Smoking a pipe, cigar or cigarette in the vehicle is prohibited.
11. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations set forth by the State of California. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
12. All drivers must have an acceptable driving record as determined by the TAUSD policy. The TAUSD reserves the right to require a current Motor Vehicle print-out and/or accident report for driver eligibility.
13. The driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to his/her vehicle. The TAUSD liability insurance **does not** extend protection to the private driver unless the driver has been deemed a volunteer/employee by the TAUSD. If deemed as such, the TAUSD liability insurance serves only as excess insurance over the driver's primary insurance.

Minimum limits of insurance required of the driver are:

Bodily Injury	<u>\$100,000 each person</u>
	<u>\$300,000 each occurrence</u>
Property Damage	<u>\$50,000 each occurrence</u>

OR

Combined Single Limit	<u>\$300,000 each occurrence</u>
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14. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

I CERTIFY THAT I HAVE READ THE ABOVE DRIVER REQUIREMENTS AND THAT I AM IN COMPLIANCE WITH THEM.

Driver Name (print): _____

Driver Signature: _____

Date: _____

TRINITY ALPS UNIFIED SCHOOL DISTRICT

Board Approved: November 10, 2010

Weaverville, California

Revised and Approved: April 5, 2012

Trinity Alps Unified School District
321 Victory Lane, P.O. Box 1227, Weaverville, CA 96093

EMPLOYEE/VOLUNTEER DRIVING PRIVATE VEHICLE APPLICATION – Page 4 of 4

Vehicle Information:

Driver Name (print) _____ Registered Owner: _____

Address: _____

Telephone Number (Home): _____ Cell Phone Number: _____

Description of Auto:

Year: _____ Make: _____ Number of Seatbelts: _____

License Plate Number: _____ Registration Expiration: _____

Number of Booster/Child Restraint Seats, if applicable: _____

Insurance for Auto Listed Above:

Insurance Company: _____ Policy Number: _____ Policy Expiration Date: _____

Liability Limits: Bodily Injury: \$ _____ each person
\$ _____ each occurrence
Property Damage: \$ _____ each occurrence

OR

Bodily Injury and Property Damage Liability, Combined Single Limit:
\$ _____ each occurrence

Attach the Following:

- Copy of Drivers License
- Copy of Current Auto Insurance Policy Showing Liability Limits
- Copy of Current DMV Print Out

Complete this section when driver is the registered owner

I CERTIFY THE INFORMATION PROVIDED IN THIS FOUR (4) PAGE PRIVATE DRIVER APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IF AN ACCIDENT OCCURS, MY INSURANCE COVERAGE SHALL BEAR PRIMARY RESPONSIBILITY FOR ANY LOSSES OR CLAIMS OF DAMAGE. TO THE BEST OF MY KNOWLEDGE, MY VEHICLE IS MECHANICALLY SOUND.

Driver Name (print): _____ Driver Signature: _____

Date: _____

Complete this section when driver is **not** the registered owner

I CERTIFY THE INFORMATION PROVIDED IN THIS FOUR (4) PAGE PRIVATE DRIVER APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IF AN ACCIDENT OCCURS, THE REGISTERED OWNER'S INSURANCE COVERAGE SHALL BEAR PRIMARY RESPONSIBILTIIY FOR ANY LOSSES OR CLAIMS OF DAMAGE AND PERMITS TO DRIVE THE VEHICLE. TO THE BEST OF MY

Driver Name (print): _____ Driver Signature: _____

Registered Owner's Name (print): _____ Owner's Signature: _____

Date: _____