

Howell Mountain Elementary School District

Volunteer Driver Form



Please fill out this entire form and submit supporting documentation to the office – This form is good for ONE year only

Name: _____	
School Year: _____ through _____	Insurance Carrier Name: Policy Number:
Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No State (If not California): _____ <i>Attach Legible Copy Please</i>	The District REQUIRES a minimum coverage of: \$100,000/\$300,000 bodily injury coverage \$50,000 property damage coverage
Vehicle Information (Optional): Type: _____ Number of Seats w/Seatbelts: _____ <i>You may only drive a maximum of 9 Students per vehicle</i>	Please list your current limits, and attach a legible copy of your insurance policy showing these limits. \$ _____ Bodily Injury Limits \$ _____ Property Damage Limits
Certification: Please answer the following questions: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a good amount of tread on your tires? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all of your mechanical systems working normally? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all of your lights and turn signals working? I hereby certify that all of the above information is true and correct to the best of my knowledge.	
Signature of Driver _____	Date _____

OFFICE USE ONLY

Recorded in Volunteer Database? <input type="checkbox"/> Yes <input type="checkbox"/> No
TB Test On File: <input type="checkbox"/> Yes <input type="checkbox"/> No

Driver for Classes:
Fingerprints on File: <input type="checkbox"/> Yes <input type="checkbox"/> No

THIS IS A CONFIDENTIAL DOCUMENT