

# Volunteer Application



**Natomas Unified School District**  
1901 Arena Blvd  
Sacramento, CA 95834  
(916) 567-5400  
[www.natomasunified.org](http://www.natomasunified.org)

**Board of Trustees**

Jag Bains  
Micah Grant  
Ericka Harden  
Susan Heredia  
Lisa Kaplan

Chris Evans, Superintendent

Thank you for showing interest in volunteering in the Natomas Unified School District. Every neighborhood and community have a stake in student success and your help truly does make a difference in the lives of our students.

Our goal is to effectively and safely use parent and community volunteers. Board Policy and the Education Code require screening of all volunteers whether it is short-term, project-specific or on-going volunteer work.

If you have questions or concerns, please contact the Human Resources at (916) 561-5299 or [hr@natomasunified.org](mailto:hr@natomasunified.org).

On behalf of the Board of Trustees and District Administration thank you for sharing your valuable time to support the students and schools of Natomas.

Your efforts are greatly appreciated!

<b>Elementary K-5</b>	<b>K-8</b>
H. Allen Hight Elementary – 916-567-5700 Natomas Park Elementary– 916-928-5234 Two Rivers Elementary – 916-567-5520 Witter Ranch Elementary – 916-567-5620	American Lakes School – 916-567-5500 Bannon Creek School – 916-567-5600 Heron School – 916-567-5680 Jefferson School – 916-567-5580 Paso Verde School – 916-567-5810 Larry G. Meeks (Virtual) Academy – 916-567-5608
<b>Middle &amp; High School</b>	<b>Charter Schools</b>
Natomas Middle School – 916-567-5540 Inderkum High School – 916-567-5640 Natomas High School – 916-641-4960 Discovery High School – 916-928-5200	Natomas Pacific Pathways Prep (NP3) Elementary School – 916-567-5740 Natomas Pacific Pathways Prep (NP3) Middle & High School – 916-567-5740 Leroy Greene Academy – 916-567-5560

## WHAT IS A VOLUNTEER?

1. A visitor is defined as an individual who, with District authorization attends a student performance, special event, etc. A visitor does not need to have fingerprint clearance or a tuberculosis test. Visitors must follow all safety precautions in the NUSD COVID-19 Safety Plan.

*Examples of a visitor include: a parent attending Open House, Back-to-School Night, Sporting Event, an IEP Meeting, etc.*

2. A volunteer is defined as a non-paid individual who, with school District authorization, assists students, schools, or educational programs regularly. The service can be on a short-term, project-specific or on-going basis. A volunteer is required to complete a Volunteer Application, Code of Conduct, take a tuberculosis (TB) test, provide proof of the COVID vaccine (complete series, either two doses of Pfizer or Moderna or a single dose of Johnson and Johnson), or provide weekly negative COVID testing results within 48-72 hours prior to the volunteer assignment(s) and **have a fingerprint/background check completed prior to rendering service.**

*Examples of a volunteer include: a parent helping out in his/her child's classroom, a parent transporting students to a field trip, a parent/individual volunteering on field trips, a college student assisting with a class for credit, etc.*

## WHAT IS REQUIRED TO BECOME A VOLUNTEER?

The Natomas Unified School District sincerely appreciates your interest in serving as a volunteer to help our students and our schools. Your knowledge and skills can enrich the educational program. For the benefit and protection of students, volunteers, and others, state laws and District policies require the following:

- Volunteers working with students must be under the direct supervision of a District employee (Education Code Section 35021).
- Unsalaries volunteers are covered by the District's Workers Compensation Insurance (Labor Code Section 3364.5). Claim forms are available in each school office.
- Volunteers may offer services not otherwise available, but may not be used to displace regular school personnel (Education Code Section 35021).
- Volunteers must work in the presence of NUSD staff. Any exception must be approved by the principal.
- Volunteers who will be driving students must also complete a volunteer driver form.

### **WHO CAN I CONTACT IF I HAVE QUESTIONS?**

If you have any questions about the volunteer application process, please contact Human Resources at (916) 561-5299 or [hr@natomasunified.org](mailto:hr@natomasunified.org).

### **HOW DO I BECOME A VOLUNTEER?**

The following documents must be on file with the Human Resources department prior to the beginning of your volunteer service:

- Volunteer Application (Enclosed)
- Current Tuberculosis Certificate (Not older than 60 days)
- Fingerprint Clearance from both the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)
- Volunteer Code of Conduct Form (Enclosed)
- Provide proof of COVID Vaccine (Complete series, either two doses of Pfizer or Moderna or a single dose of Johnson and Johnson), or provide weekly negative COVID testing results within 48-72 hours prior to the volunteer assignment(s)
- Photocopy of Driver's License or Identification Card
- If applicable, Volunteer Personal Automobile Use Form (Enclosed)

### **HOW DO I OBTAIN FINGERPRINT CLEARANCE?**

NUSD uses Certifix Livescan approved vendors to process volunteer fingerprinting. The cost of the fingerprints for volunteers will only be covered by the District if you use Certifix Livescan approved locations. Please take the live scan form (attached to this packet) to a Certifix Livescan approved location. Please visit <https://www.certifixeivescan.com/> for locations or see the nearby locations listed at the end of this packet.

### **WHERE CAN I OBTAIN A TUBERCULOSIS (TB) CERTIFICATE?**

There are a few options:

- Go to your family physician – cost is covered by you or your medical insurance
- Go to a walk-in clinic of your choice – cost is covered by you or your medical insurance
- Go to the B. Teri Burns Health Clinic – cost is covered by you or your medical insurance
- Go to the Urgent Care Now Natomas clinic – cost is covered by the District

Please provide your TB certificate along with your volunteer packet. The TB skin test must be renewed every 4 years, the TB chest x-ray, every 10 years.

### **WHERE DO I SUBMIT MY APPLICATION?**

Once you have completed your application, fingerprinting, and TB clearance, please submit your application to a school site or the Education Center (1901 Arena Blvd).

### **HOW LONG DOES THIS PROCESS TAKE?**

This process can take up to 7-10 business days, provided that all information has been received. Please be aware that at times the Department of Justice has backlogs and there can be 10 to 30 day delay in receiving fingerprints.

### **WHAT HAPPENS ONCE I AM CLEARED?**

Human Resources maintains a roster of cleared volunteers, and sends each site an updated roster. Once the school receives notification of your clearance, they will contact you to begin your volunteer service!

### **WHERE DO I REPORT TO VOLUNTEER?**

To the assigned school office on the day of your volunteer service

### **CONFIDENTIALITY AND REPORTING INFORMATION**

- When you hear and observe things about students, families and staff while volunteering, it is imperative that you respect the confidentiality of that information. (Repeating a seemingly harmless comment can lead to misunderstandings). For schools to provide the best environment for learning, everyone's privacy must be respected.
- Volunteers are not considered "mandated reporters" under California law, but volunteers should be aware of child abuse reporting requirements for school employees.
  - School personnel must report:
    - Cases of suspected infliction of physical or mental suffering on minor,
    - Cases of suspected physical injuries to minors by other than accidental means, and
    - Cases of suspected sexual molestation.

**If you become aware of suspected child maltreatment, report your observations to a supervising teacher or site administrator.**

- Volunteers function in a position of trust and the Natomas Unified School District does not extend that volunteer/student trust relationship outside of the supervised school environment. It is the responsibility of the volunteer to notify the site administrator immediately if he/she becomes involved with a student/family outside the NUSD environment.

**Natomas Unified School District  
VOLUNTEER APPLICATION**

*Thank you for your time and interest in being a Natomas Unified School District volunteer. Volunteers are welcomed in our District and are a valuable member of our learning community. As part of the pre-volunteer process, you are required to undergo a criminal background investigation and Tuberculosis clearance. You are not authorized to volunteer on any campus until the mandatory requirements have been fulfilled. If you will be a volunteer driver for any student activities, you must also complete the "Personal Automobile Use" form and fulfill the requirements of that process. Thank you again for your support of our students!*

**Personal Information**

Last Name		First Name		Middle Initial	Birthdate	
Address			City	State	Zip	
Driver's License or ID # <b>(please attach a photocopy)</b>						
Home Phone		Cell Phone		E-mail Address		
In Case of Emergency Notify:				Phone Number		
1. Can you provide proof of the COVID vaccine (complete series, either two doses of Pfizer or Moderna or a single dose of Johnson and Johnson)? <b>If Yes, please attach a photocopy. If No, you will be required to provide weekly negative COVID testing results within 48-72 hours at the volunteer assignment(s).</b>					Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever pled guilty or "no contest" to, or been convicted of a criminal offense other than a minor traffic violation?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been arrested for a drug or sexual offense or act of violence?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have any criminal charges pending against you?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If you answered YES to 2, 3, and/or 4, please fully explain in the space below. You may use an additional sheet if needed.</b>						

**Volunteer Areas**

<input type="checkbox"/> Student Teacher/Social Work or Counseling Intern
<input type="checkbox"/> Tutor <i>(Requires proof of Basic Skills)</i>
<input type="checkbox"/> Parent <i>(Please list your school information below)</i>
<input type="checkbox"/> Mentor
<input type="checkbox"/> Other: _____

Please indicate your school(s) of interest & if you have a child(ren) attending the name(s) below:

School/Site:	Student Name or N/A	Grade
School/Site:	Student Name or N/A	Grade
School/Site:	Student Name or N/A	Grade

*I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of these statements checked by the District, unless I have indicated to the contrary. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District, as well as from the use or disclosure of such information by the District, or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to volunteer.*

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Site Administrator (Print & Sign)**

\_\_\_\_\_  
**Date**

Education Code §35021 prohibits the District from allowing persons required to register as a sex offender under Penal Code §290 to serve in a volunteer capacity as an aide or supervisor of students. Accordingly, the District will, before authorizing a person to serve as a volunteer, conduct an automated records check pursuant to Education Code §35021.1 and/or call the Department of Justice or the Sheriff's Office to inquire whether the individual is a registered sex offender pursuant to the process set forth in Penal Code §290.4.

**Natomas Unified School District  
VOLUNTEER CODE OF CONDUCT**

The volunteer shall:

- Immediately upon arrival sign-in noting the time, sign-out noting the time and indicate the location(s) visited during the volunteer assignment(s). School office staff will verify your COVID vaccine status or ask for proof of negative COVID testing results within 48-72 hours prior to the volunteer assignment(s) and prior to entry to the school.
- Be conscientious and concerned for the health and safety of students and staff.
- Be free of the influence of alcohol or illegal drugs when with students on or off school grounds as defined in Board Policy 4020.
- Only use adult restroom facilities.
- Not use tobacco products throughout the District's buildings, grounds, or vehicles as defined in Board Policy 3515.3(a).
- Promptly notify the school administrator if you observe, have knowledge of, or reasonably suspect that a child has been the victim of child abuse.
- Have no contact outside of school grounds with students unless authorized by the administration.
- Maintain confidentiality in and outside of school, and will share any concerns with the supervising teacher or school administration.
- Support the District, school, and classroom policies and programs.
- Promptly inform the teacher or school office when unable to attend or discontinuing to serve as a volunteer.
- Follow dress codes and act professionally.
- Not transport students without the written permission of parents/guardians or the expressed permission of the District.
- Not access District network, e-mail system, or student records.
- Read and follow safety protocols outlined in the NUSD COVID-19 Safety Plan

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Volunteer, Mentor or Intern Signature

Date

***\* Unfortunately, volunteers cannot be considered unless this Code of Conduct is signed \****



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A8430 \_\_\_\_\_ Classified \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
 Intern, Vol., Stud. Teacher \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Natomas Unified School District \_\_\_\_\_ 10343 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 1901 Arena Blvd. \_\_\_\_\_ Linda Benuto \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 Sacramento \_\_\_\_\_ CA  95834 \_\_\_\_\_ (916) 561-5299 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Sex  Male  Female \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number 100034 \_\_\_\_\_  
 (Agency Billing Number) \_\_\_\_\_  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number) \_\_\_\_\_ (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
 (Must provide proof of rejection) Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
 City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170





## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

**CERTIFIX LIVESCAN LOCATIONS NEARBY**

The UPS Store #5111  
52701 Del Paso Road  
Suite 130  
Sacramento, CA 95835  
(916) 285-7193

RAD Testing & Mobile Collection  
1435 N. Market Boulevard  
Suite #11  
Sacramento, CA 95834  
(916) 520-0244

Certifix Live Scan - Sacramento  
901 H Street  
Suite 120  
Sacramento, CA 95814  
(916) 660-9580

The UPS Store #4348  
2121 Natomas Crossing Drive  
Suite 200  
Sacramento, CA 95834  
(916) 419-6267

Alliance Scan and Notary Services  
770 L Street  
Suite 950  
Sacramento, CA, 95814

**The cost of the fingerprints for volunteers will only be covered by the District if you use Certifix Livescan approved locations.**

For additional locations, please visit <https://www.certifixeivescan.com>.

**Natomas Unified School District**  
**VOLUNTEER AUTOMOBILE USE FORM**

**(Complete this form to apply to be an approved volunteer driver)**

Thank you for volunteering your time, and your automobile, to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

**REQUIRED INFORMATION**

**Driver Information**

Name of Driver: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Vehicle Information**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_

Year/Make/Model: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

**Insurance Information**

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Liability Coverage Limits: \_\_\_\_\_

**We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page.** Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, please also be advised, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, your insurance will provide the primary coverage for any resulting bodily injury or property damage. The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

**VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS**

For the safety of our students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport students in a vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport students unless I have a working seatbelt for each student, with seatbelts to be used at all times by myself and all transported students. The vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition if the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission; I can purchase admittance for such other child.
- 4.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR*