

TRANSPORTATION REQUIREMENTS & INSTRUCTIONS

- DISTRICT VEHICLE USE ▪
- USE OF PRIVATE VEHICLE FOR DISTRICT BUSINESS (INCLUDING MILEAGE REIMBURSEMENT) ▪
- STUDENT TRANSPORTATION BY DISTRICT OR PRIVATE VEHICLE ▪

The Anderson Union High School District acknowledges the need for responsible volunteer and employee drivers to provide transportation services for student activities and school/district business.

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

- The driver must be registered with the district and meet all volunteer and/or employee requirements.
- The driver will be 21 years of age or older.
- The driver must possess a valid California driver's license. After initial application is submitted, driver must continue to provide a copy of a valid (non-expired) driver's license on file with the district. Drivers with expired driver's licenses will be removed from the Approved Drivers list and all application materials will be destroyed.
- The driver will be in good physical condition, free of medications that may affect operation of the vehicle.
- The driver is not a convicted felon, nor do they have any criminal charges pending against him/her.

When operating a private vehicle, the driver certifies that the following is true:

- The vehicle will be in excellent condition and repair.
- The vehicle will have a seat belt for each student or other person being transported and the driver will require them to use seat belts. Limitation on number of students or other persons transported is:
 - 6-passenger sedans or wagons: 5 passengers + driver
 - 9-passenger station wagons: 8 passengers + driver
 - Vans: 9 passengers + driver**NO TRANSPORTING OF MORE THAN NINE PASSENGERS.**
- 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.
- The driver must have an automobile liability insurance policy and is also responsible for all physical damage to his/her vehicle. The district's liability insurance **does not** extend protection to the private driver unless the driver has been deemed a volunteer/employee by the district. If deemed such, the District's liability insurance serves only as excess insurance over the driver's primary insurance.
- Minimum limits of coverage required of the driver using a private vehicle are:

Bodily Injury	Property Damage	OR	Combined Single
\$100,000 each person	\$50,000 each		Limit
\$300,000 each	occurrence		\$300,000 each
occurrence			occurrence

- Drivers using private vehicles that don't meet minimum liability coverage will not be authorized to use their vehicle for any district business. These drivers are encouraged to use district vehicles for conducting district business.
- After initial application is submitted, employee must provide current insurance coverage to the district by September 1 of each year. Employees who do not provide current insurance information will be removed from the Approved Drivers list until valid information is provided.
- All volunteers (non-employees) are required to complete and submit the Driver Application and all application materials each year.

DRIVER APPLICATION

Name: _____
 Address: _____

 Email: _____

Primary Phone: _____
 Alternate Phone: _____
 DOB: _____ Driv Lic # _____
 Expiration Year: _____ Class: _____

PURPOSE FOR REQUEST AND VEHICLE INFORMATION

Activities where transportation services may be needed:

I plan to drive: Private Vehicle District Vehicles
 If driving your private vehicle, please provide:

Make/model: _____
 Year: _____ License #: _____
 Registration Exp: _____
 Number of seats equipped with seat belts: _____

District Site(s): _____
 Status: Regular, Sub or Supplemental Employee
 Coach Volunteer

DRIVER REQUIREMENTS

Please attach further documentation, depending on status listed below.

Insurance information must meet minimum requirements if you are driving a private vehicle (see reverse).

	District Vehicle	Private Vehicle
Regular employee, Sub, or Supplemental employee	<ul style="list-style-type: none"> • Driver Application • DMV form 1101 	<ul style="list-style-type: none"> • Driver Application • DMV form 1101 • Proof of insurance (see reverse)
Coach (Paid)	<ul style="list-style-type: none"> • Driver Application • Copy of Driver's License • DMV form 1101 	<ul style="list-style-type: none"> • Coaching Requirements: (Fingerprinting, TB, Board approval) • Driver Application • Copy of Driver's License • Proof of Insurance (see reverse) • DMV form 1101
Volunteer	<ul style="list-style-type: none"> • Driver Application • Copy of Driver's License • DMV Form K4* (*Record print out - required each year) 	<ul style="list-style-type: none"> • Fingerprinting • TB Test • Board approval • Driver Application • Copy of Driver's License • DMV Form K4* • Proof of insurance* (see reverse) (*required each year)

DRIVER CERTIFICATION

By signing below, I certify that:

- I have read the Transportation Requirements and Instructions and that I am in compliance with them.
- I possess a valid California driver's license and have a good driving record.
- I understand that if an accident occurs in my private vehicle, my insurance coverage shall bear primary responsibility for any losses or claims for damages.
- I have never been convicted of a felony nor do I have any criminal charges currently pending against me.

Driver/applicant: _____
 Signature Date

AUTHORIZATION (District Office Use Only)

Requirements met: <input type="checkbox"/> DMV Form 1101 or DMV Form K4 <input type="checkbox"/> DMV Form 1101 submitted to Fleet Maint <input type="checkbox"/> Copy of Drivers License <input type="checkbox"/> Fingerprint Clearance <input type="checkbox"/> TB Clearance <input type="checkbox"/> Board Approval	Reviewed by: _____ _____ _____ _____	Proof of Insurance (Private Vehicles only) Copy of policy submitted includes: <input type="checkbox"/> Name of insurance company <input type="checkbox"/> Name of insured <input type="checkbox"/> Liability amounts <input type="checkbox"/> Expiration date <input type="checkbox"/> Meets minimum requirements	Reviewed by: _____ _____ _____ _____	Authorization: <input type="checkbox"/> Full Clearance <input type="checkbox"/> District vehicle use <input type="checkbox"/> Private vehicle use
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Administrator: _____
 Signature Date