



William S. Hart Union High School District

GUIDELINES FOR DMV CLEARANCE

All adults, employees, volunteers, or parents must have a DMV clearance performed by Transportation if they are driving a District vehicle, a District-rented vehicle carrying students, or using their personal vehicle to carry students other than their own children to District events, trips, and competitions. Parents who are only driving their own children do not have to be cleared by DMV.

Students who are driving themselves, or are driving other students with parental consent, do not have to be cleared by DMV. Students may be allowed to drive directly to events that occur one hour after the student day within the Hart District.

Proof of insurance must be provided if personal vehicles are being used.

- **The Hart District follows the California Vehicle Code (Section 16020 CVC). The vehicle owner's insurance is primary in case of an incident/accident.**
- The Hart District's liability insurance does not cover damage to private vehicles or injuries to the driver or passengers, but merely protects the Hart District in the event of a claim of negligence in organizing the trip.

Driver clearance is valid for the current school year and will expire on JULY 1.

VEHICLE GUIDELINES FOR TRANSPORTING STUDENTS:

- All occupants must wear a seatbelt.
- Private vehicles must be registered in California and be in proper mechanical condition.
- The number of passengers, including the driver, may never exceed the capacity for which the vehicle was designed and cannot have seating space for any more than 8 people including the driver.

Volunteer Drivers will be provided with copies of signed permission slips for each student they are transporting – please keep these copies with you at all times during the trip.

Volunteer Drivers: Please keep top portion of this form for your records.

VOLUNTEER DRIVER APPLICATION CHECKLIST:

- ___ Photocopy of valid CALIFORNIA DRIVER LICENSE
- ___ Photocopy of valid PROOF OF INSURANCE CARD
- ___ Completed VOLUNTEER DRIVER INFORMATION Form
- ___ Completed PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION Form

I have read and understand the guidelines for transporting students:

Signature

Printed Name

Date

Distribution: Applicant (Upper Section) • School Site/Dept (Lower Section)



William S. Hart Union High School District

VOLUNTEER DRIVER APPLICATION

VALID FOR THE CURRENT SCHOOL YEAR ONLY; EXPIRES JULY 1

To be completed by drivers transporting students (other than your own children) on any school-connected event.

A. DRIVER INFORMATION

Name: _____ District Employee: Yes No
Last First MI

Address: _____
Street City State Zip

Contact #s: _____
Home Work Mobile Other

CA Driver License #: _____ CA Driver License Exp Date: _____

Date of Birth: _____

*****ATTACH A CURRENT COPY OF CA DRIVER LICENSE*****

B. TRIP INFORMATION

School/Dept: _____ Sport/Activity: _____

Destination: _____ Depart Date: _____ Return Date: _____

C. VEHICLE INFORMATION

District Vehicle: (Available to DISTRICT EMPLOYEES only. Section C not required; proceed to Section D)

Personal Vehicle: Vehicle License #: _____ Make: _____

Model: _____ Year: _____

Auto Insurance Company: _____ Policy #: _____ Exp Date: _____

Limits of Liability: \$ _____ \$ _____

*****ATTACH A CURRENT COPY OF PROOF OF INSURANCE *****

D. AUTHORIZATION

THE DISTRICT REQUIRES THAT WE INFORM YOU OF THE FOLLOWING:

The Hart District follows the California Vehicle Code (Section 16020 CVC). The vehicle owner's insurance is primary in case of an incident/accident.

The Hart District's liability insurance does not cover damage to private vehicles or injuries to the driver or passengers, but merely protects the Hart District in the event of a claim of negligence in organizing the trip.

- Drivers of private vehicles must have a currently valid California driver license.
- Drivers shall carry liability insurance with limits in accordance with California law.
- Private vehicles must be registered in California and be in proper mechanical condition.
- The number of passengers, including the driver, should never exceed the capacity for which the vehicle was designed and cannot have seating space for any more than 8 people, including the driver. Each occupant riding in the vehicle must wear a seat belt as required by law.
- Students must obtain written consent from their parent/guardian to participate in this trip.

I certify that the information given on this form is true and correct to the best of my knowledge. I have read and understand the information provided above.

I GIVE MY PERMISSION TO ALLOW THE WILLIAM S. HART UNION HIGH SCHOOL DISTRICT TO OBTAIN MY MOTOR VEHICLE RECORD FROM THE DEPARTMENT OF MOTOR VEHICLES.

Applicant Signature Date

Principal/Site Administrator Signature (required) Date

YOU MAY NOT DRIVE FOR ANY DISTRICT ACTIVITY UNTIL YOU HAVE RECEIVED NOTIFICATION OF DRIVER CLEARANCE

Distribution: Transportation (white) • School/Site Administrator (yellow) • Applicant (pink)



William S. Hart Union High School District

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY **ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION**

Name: _____ School/Dept: _____
Last First MI

Destination/Nature of Activity: _____
(Please be specific, e.g., Attend Concert at UCLA)

Purpose of Your Attendance: _____
(Chaperone, etc.)

Depart Date: _____ Time: _____ Return Date: _____ Time: _____

As provided for in California Education Code Section 35330, I agree to hold the William S. Hart Union High School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of employees or agents of the District.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, transportation, and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature _____ Date _____

Address: _____
Street City State Zip

Contact #s: _____
Home Work Cell Other

Health Insurance Company: _____ Policy Number: _____

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Contact #s: _____
Home Work Cell Other

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box below:

Instructions attached

No instructions attached

Distribution: (1) School Administrator • (1) Requesting Teacher/Coach • (1) Applicant