



# Orange Unified School District

## Employee/Volunteer Drivers - Use of Private Vehicles Form

When a District Employee/Volunteer is using a personal vehicle for the School District, the limits and coverages on the personal vehicle are applicable to any accidents or incidents. The District's insurance policy will not cover the personal vehicle for comprehensive or collision damages.

Submit this completed form to Risk Management two weeks prior to driving any students, along with a copy of:

- Valid California Driver's License
- Current Auto Insurance Policy, identifying the vehicle to be used to transport students and the following coverages per accident:
  - Bodily Injury \$100,000/\$300,000
  - Property Damage \$50,000
  - Medical Payments \$2,000
- Current DMV driving record (may be obtained at: [www.dmv.ca.gov](http://www.dmv.ca.gov), Driver Record Request)

### Rules and Regulations for transporting students for the School District:

- ✓ Authorization is valid for this school year only or until the insurance policy on file expires, whichever is sooner.
- ✓ Driver must re-submit valid auto insurance policy if expiration date is prior to the end of this school year.
- ✓ Students must have Non-District Transportation Notice signed by parents.
- ✓ Driver must be 21 years of age or older.
- ✓ Personal vehicle must be mechanically safe.
- ✓ Driver must transport only District-authorized passengers.
- ✓ Total passengers (including driver) must not exceed the number of permanently attached seats and seat belts.
- ✓ No private vehicle may transport more than 10 passengers, including the driver.
- ✓ The California Driver Handbook, "Laws and Rules of the Road" must be followed, including seat belts, cell phone use, and speed limits.
- ✓ Driver must travel directly to the destination and back, giving consideration to weather and road conditions.
- ✓ Driver must report any accident(s) or incident(s) to Risk Management immediately.

### Driver's Information:

Print Full Name

California Driver's License (CDL) Number

CDL Expiration Date

Cell Phone Number

Insurance Company

Insurance Policy Expiration Date

I certify that the above information is correct and agree to follow the District Rules and Regulations outlined above.

Driver's Signature

Date

Date of Event

Principal's Signature Acknowledges  
Review and Authorization

Date

Site/Department

Approved ☐ Denied ☐ Date \_\_\_\_\_