CHECK-OFF LIST FOR VOLUNTEERS ON FIELD TRIPS (ADULT/PARENT)

DRIVERS:

- 1) YOU, as the Driver, must have <u>all</u> of these items completed <u>prior</u> to the trip on file with your school's office secretary.
 - Current negative TB Test result on file in the office (TB results are good for 4 years)
 Verify form is on file and list expiration date ______.
- Signed Adult Permission Slip (Student Field Trip Permission/Emergency Contact Information)
- 2) If you are driving **anyone** but yourself and your own child, you **must** have the following on file as well with your school's office secretary.
- _____ Copy of your current Driver's License.
- Copy of your current insurance policy showing proof of insurance liability coverage of at least \$100,000/\$300,000 per occurrence.
- _____ Copy of the School Driver Certification (Registration) Form completed with signatures; initial #10 on the Driver's instructions.

TEACHERS:

Prior to each field trip, it is your responsibility to check with the office secretary to make sure everything is current and complete.

SIGNATURES:

Volunteer Driver's Signature:	Date:
Teacher's Signature:	Date:
Office Secretary's Verification:	Date:

E(1) 3541.1

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

SCHOOL DRIVER REGISTRATION FORM

The district may provide transportation for students, employees and other individuals for field trips and excursions approved according to Board policy and administrative regulations.

(cf. 3541 - Transportation Routes and Services) (cf. 6153 - School-Sponsored Trips)

DRIVER (circle one):	Employee	Parent/Guardian	Volunteer
Name:			Date of Birth:
Address:			Driver's License No.:
Telephone No.: ()			Expiration Date:

VEHICLE INFORMATION

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Name of Owner:	Year:
Address:	Make:
License Plate No.:	-
Registration Expiration:	Seating Capacity:
Number of Seatbelts:	_(NOTE: must not exceed 9 passengers)

INSURANCE INFORMATION

Insurance Company:	Policy No.:
Telephone No.:	Expiration Date:
Liability Limits of Policy:	(copy attached)

DRIVER STATEMENT

* I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.

* I certify that the above information is true and correct and that the insurance coverage is in force. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I understand I must have insurance coverage in force and agree to advise the district, in writing, of any changes in the above information. I further understand the district is not responsible for nor covers comprehensive and collision coverage for damage to my privately owned vehicle.

* I certify that I will ensure that all children will be restrained using the appropriate passenger restraint systems. I further certify that the above vehicle is mechanically safe.

Owner of Vehicle Signature:	Date:
Driver of Vehicle Signature:	Date:
I have read the above and approve the use of the	is vehicle for the purpose stated.
Site Administrator Signature:	Date:
Business Office Approval:	Date:
Exhibit version: March 11, 2008	RIVER DELTA UNIFIED SCHOOL DISTRICT Rio Vista, California

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TRANSPORTATION FOR SCHOOL-RELATED TRIPS

DRIVER'S INSTRUCTIONS:

Parent volunteer drivers shall sign and file the school driver registration form with the school principal before transporting students.

- 1. I understand I am to provide the site administrator with a copy of the travel path, following the most effective route, checking to insure road conditions and safety prior to departing. The only exception is if I have been instructed that the cars will travel in a "caravan" from the school site to the destination. Then, I am to comply and to ask the teacher in charge exactly where we are going and where we should meet with the others in the group. I also understand I am to avoid all unnecessary stops.
- 2. I am, prior to departure, to submit a complete list of student names to the school site, identifying passengers in each vehicle, with driver's name and chaperones. I understand I am not to carry non-district personnel (except chaperones), non-students or other "guests" as passengers.
- 3. I understand that I am to remain with the students at the activity scheduled and that I am at all times under the supervision of the teacher in charge.
- 4. I understand that I am to drive carefully and drive within the legal speed limits of the State of California.
- 5. I understand that I am to refrain from the use of alcohol and drugs before and during the scheduled activity so as to provide the safest ride possible for our students.
- 6. I understand that my personal insurance, by state law, is responsible for any accidents or violations which may occur and that my passengers are aware of this. I have provided proof of such coverage to the district.
- 7. I understand that I shall not carry more than the legal safe limit of passengers in my vehicle while transporting students, not to exceed, in any case, 9-passengers (plus the driver) regardless the size of the vehicle and that a 15-passenger van or a modified 15-passenger van cannot be utilized.
- 8. I shall require each passenger to use an appropriate child passenger restraint system (child seat or booster seat) or safety belt in accordance with law.
- 9. I understand that I am providing an example for all the children with whom I have contact and agree to act in a responsible manner.
- 10. I attest that I have maintained a good driving record. I have a valid driver's license for the State of California; or, I have a valid license from my state of residence, ______, and am a non-resident on active military duty in California.
- 11. I have checked the safety of my vehicle: tires, brakes, lights, horn, suspension, etc., and attest my vehicle is mechanically safe.
- 12. I attest that I am tuberculosis free and have had my vaccinations.
- 13. In case of emergency, I will keep all children together; call 911 and call the district office or school office.

RIVER DELTA UNIFIED SCHOOL DISTRICT Rio Vista, California

Instrucciones Para El Conductor

Padres conductores voluntarios firmaran y someterán la forma de registro de conductor de escuela al principal de la escuela antes de transportar estudiantes..

1. Yo entiendo que yo tengo que proveerle al administrador de la escuela una copia de la ruta del viaje, siguiendo la ruta más efectiva, revisando las condiciones del camino para asegurar la seguridad del camino antes de salir. La única acepción es si he recibido instrucciones que los carros viajaran en una "caravana" de la escuela al lugar destinado. Entonces yo tendré que cumplir con esto y preguntar al maestro encargado exactamente a donde vamos y donde nos tendremos que reunir con los otros del grupo. Yo entiendo que tengo que evitar toda parada que no sea necesaria.

2. Yo tengo que antes de partir, someter una lista completa de los nombres de los estudiantes a la escuela, identificando los pasajeros en cada vehículo, con los nombres de los conductores y los acompañantes. Yo entiendo que yo no puedo llevar como pasajeros a ninguna persona que no sea parte del personal del distrito (excepto los acompañantes) u que no sean estudiantes u otros visitantes.

3. Yo entiendo que yo tengo que quedarme con los estudiantes en la actividad fija, y que yo estoy bajo la supervisión del maestro encargado en todo tiempo.

4. Yo entiendo que yo debo manejar cuidadosamente y manejar dentro el límite de velocidad legal del Estado de California.

5. Yo entiendo que me debo refrenar del uso de alcohol y drogas antes y durante la actividad fijada para poder proveer el viaje mas seguro posible para nuestros estudiantes.

6. Yo entiendo que mi aseguranza personal, por la ley del estado, es responsable por cualquier accidente o violaciones que puedan ocurrir y que mis pasajeros saben esto. Yo he proveído prueba de tal cobertura al distrito..

7. Yo entiendo que no llevare en mi vehículo mas pasajeros de lo que es considerado legalmente seguro, mientras este transportando estudiantes, en ningún tiempo exceder mas que 9 pasajeros, 9 pasajeros (mas el contutor), no importa el tamaño de mi vehículo y que no usare una van de 15 pasajeros o una van modificada para 15 pasajeros.

8. Yo voy a requerir que cada pasajero use el sistema de seguridad apropiado para cada niño (silla de niño, o una silla de elevación) o fajo de seguridad de acuerdo con la ley.

9. Yo entiendo que yo soy un ejemplo para todos los niños con quienes yo tendré contacto y estoy en acuerdo con comportarme de una manera responsable.

10. Yo atestiguo que, y tengo un registro de buen conductor. Yo tengo licencia valida del estado de California; o yo tengo una licencia d mi estado de residencia, _____ y no soy residente de California que soy un miembro del militar que estoy cumpliendo mi servicio en California.

11. He revisado la seguridad de mi vehículo: llantas, frenos, luces, corneta de coche, suspensión, etc. Y atesto que mi vehículo esta mecánicamente seguro.

12. Yo atesto que soy libre de tuberculosis y que estoy vacunado.

13. En caso de emergencia, yo mantendré a todos los niños juntos; llamare al 911 y llamare a la oficina del distrito u la oficina de la escuela

Board Approved: March 2008

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River Delta USD

Exhibit: E 6153 Instruction School-Sponsored Trips

	School:	Date:
	MISSION/EMERGENCY INFORM	
(Teacher/Group/Club)		(Destination)
	a.m./p.m. toa.m./p.m.	
he following is required:	Sack Lunch Money (\$) for e (Driver's Name:)School Bus
our child will be transported by	y:WalkingPrivate Automobile	e (Driver's Name:)School Bus
ERMISSION		
ponsors/chaperons. It is further under very reasonable caution will be mainta I hereby acknowledge that I has onsidered by the district to be of "high VAIVER OF CLAIM California Law provides as fol gainst the district or the State of Califo accursion. All adults taking out-of-stat accursions shall sign a statement waivin	ave been advised that the activities involved in a risk" to the participants (as determined by any llows: "All persons making the field trip or exc pria for injury, accident, illness, or death occur	event on the transportation provided and that this excursion/field trip or event may be reasonable estimate of such activities). ursion shall be deemed to have waived all claims tring during or by reason of the field trip or ardians of pupils taking out-of-state field trips or 5330)
escribed above. My signature on this	form shall also constitute an informed, knowin	g and accepted waiver as required by law.
	Date	
(Legal Parent/Guardian/s	Date Signature Permitting Field Trip)	(Date signed)
	FORM TO REMAIN IN SCHOOL O ARRY BOTTOM HALF OF THIS F	
	EMERGENCY INFORMATIO	
	School	Student Name
•		on desired in the event of an accident or
nergency while your son/daugh En el evento de un accidente	o emergencia, cuando el padre/guardián no	está disponible, yo por la presente autorizo el i hijo/hija reciba asistencia médica e torizo el doctor nombrado debajo tomar ese
presentante de la escuela hacer arreg spitalización, incluyendo transportac idado y tratamiento de mi hijo/hija atamientos con un medico o sirujano ICURRED AS A RESULT OF THE	E FOREGOING.	
presentante de la escuela hacer arreg spitalización, incluyendo transportac idado y tratamiento de mi hijo/hija atamientos con un medico o sirujano ICURRED AS A RESULT OF THE	E FOREGOING.	
presentante de la escuela hacer arreg spitalización, incluyendo transportac idado y tratamiento de mi hijo/hija atamientos con un medico o sirujano ACURRED AS A RESULT OF THE nysician's Name:	como sea necesario. En el evento que el m licensiado. THE UNDERSIGNED HEREB E FOREGOING. Phone Number Dhone Num	be taken in the event of an accident or other
presentante de la escuela hacer arreg spitalización, incluyendo transportac idado y tratamiento de mi hijo/hija atamientos con un medico o sirujano ICURRED AS A RESULT OF THE hysician's Name:	E FOREGOING. Phone Number ID #: tion/statement and desire the following action b	be taken in the event of an accident or other could result in slower or delayed medical or
presentante de la escuela hacer arreg spitalización, incluyendo transportac idado y tratamiento de mi hijo/hija atamientos con un medico o sirujano ICURRED AS A RESULT OF THE hysician's Name:	E FOREGOING. Phone Number UD #: tion/statement and desire the following action b navailable (and I understand this arrangement of	be taken in the event of an accident or other could result in slower or delayed medical or

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TRANSPORTATION FOR SCHOOL-RELATED TRIPS

STUDENT VOLUNTARY TRANSPORTATION AGREEMENT

NOTE: Although the district is providing transportation for a specific activity, there may be instances where a student wishes to provide for his/her transportation. It is mandatory that parents/guardians agree in writing when the student is under age 18.

Student Name: ______ School Name: _____

Activity(ies):

Date(s) of Activity(ies):

I understand the district is providing transportation to and from the above activity. However, I do not wish to avail myself of the transportation provided by the district.

The above student hereby requests permission to provide for his/her own transportation at his/her own expense, responsibility and liability.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION,

I ALSO UNDERSTAND THAT THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE DISTRICT.

Student Signature	Date	
Parent/Legal Guardian (If student is under 18 years of age)	Date	
District Approval Signature	Date	

Exhibit version: March 11, 2008 **RIVER DELTA UNIFIED SCHOOL DISTRICT** Rio Vista, California

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TRANSPORTATION FOR SCHOOL-RELATED TRIPS

PLEASE SEE DISTRICT MATERIAL AT THE DISTRICT OFFICE FOR SPANISH VERSION OF EXHIBIT 3541.1

Exhibit version: March 11, 2008

ACUERDO DE TRANSPORTACI"N VOLUNTARIA DEL ESTUDIANTE

NOTA: Aunque el distrito este proveyendo transportación para una actividad especifica, puede haber ocasiones en que el estudiante desea proveer su propia transportación. Es mandatario que los padres/guardianes acuerden por escrito cuando el estudiante es menor de 18 años de edad.

Nombre del Estudiante:______ Nombre de la Escuela:_____

Actividad(es): _____

Fecha(s) de Actividad(es):

Yo entiendo que el distrito esta proveyendo la transportación a y de la actividad mencionada arriba. Aun así, yo no deseo disponerme de la transportación proveída por el distrito.

El estudiante de arriba solicita permiso de proveer su propia transportación al costo de el/ella y asume responsabilidad con su aseguranza de responsabilidad.

ES TOTATALMENTE ENTENDIDO QUE EL DISTRITO NO ES RESPONSABLE DE NINGUNA MANERA NI ASUME EL DISTRITO RESPONSABILIDAD POR NINGUNAS LESIONES O PERDIDAS RESULTADAS DE ESTA TRANSPORTACI"N NO PATROCINADA POR EL DISTRITO

YO TAMBI...N ENTIENDO QUE EL CONDUCTOR NE ESTA MANEJANDO COMO AGENTE DE O POR PARTE DEL DISTRITO.

Firma Del Estudiante

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Fecha

Fecha

Padre/Guardian Legal (If student is under 18 years of age)

Firma de Aprobación del Distrito

Fecha

Board Approved: March 2008

GUIDELINES FOR COMPLETING THE VOLUNTEER DRIVER'S FIELD TRIPS FORMS

- 1 Complete all forms;
 - a) Check-off list; **NEEDS TO BE COMPLETED BY THE SCHOOL SITE SECRETARY**; the check off list should be signed by the volunteer driver and the office secretary who has completed the check-off list,
 - b) School Driver Registration Form,
 - c) Driver's Instructions, driver to initial #10
 - d) Student Field Trip Permission/Emergency Information (Signed Adult Permission Slip),
 - e) Student Voluntary Transportation Agreement (if student is driving and student can only drive themselves).
- 2 Verify that a TB test with negative results has been completed within the last four years. It is preferred to include a copy with the forms; however, at minimum, please verify that a copy is on file at the school site and list the expiration date on the check off list.
- 3 A copy of the driver's license for the volunteer driver must be included. Please verify that the **driver's** license has the same name as the driver and that it is current (not expired).
- 4 A copy of the insurance policy must be included. Please verify that:
 - a) the volunteer driver's name is included as an insured driver on the policy,
 - b) the vehicle listed on the registration form is listed as an insured vehicle on the policy,
 - c) the **policy is current** and will still be effective during the day(s) of the field trip(s,
 - d) the limits of bodily injury liability coverage are at least **\$100,000/\$300,000** per occurrence.
- 5 The signed Adult Permission Slip and emergency information must be completed and included with all of the forms prior to approval.

** All forms must be completed, signed and verified by the school site secretary. The secretary will then send to the District Office in one packet at least one week prior to the field trip, for review/approval. If approval has been granted, then an email will be sent to the secretary who has signed the check-off list and the approved forms will be returned to the site. If additional information is required, an email will be sent to the secretary and the forms will be sent back to the site.

**The forms are valid for one year; however, prior to each field trip, all documentation needs to be verified to confirm nothing has expired.