



WINDSOR UNIFIED SCHOOL DISTRICT
VOLUNTARY ADULT DRIVER CERTIFICATION

For use by **Adult** Volunteer Drivers (circle one): Parent Community Volunteer District Employee

To be filed at least once a year by any individual transporting students either in their own vehicle or when driving a district owned vehicle. All field trips begin and end at school.

The Windsor Unified School District acknowledges the needed assistance by responsible volunteer drivers in order to provide transportation for numerous activities that take place within the school system that other wise would not exist without support. We sincerely appreciate your contribution. In order to provide the best assurance to both the volunteer driver and the school district, the following information is gathered and agreements are made with the volunteer by signing at the bottom of the page:

Name: _____ Date of Birth: _____

Address: _____ Driver's License No. _____ Exp. Date _____

Telephone No. _____ Cell phone No. _____

VEHICLE

Name of Owner: _____ Year: _____ Make: _____

Address: _____ License Plate No. _____ Exp. Date _____

No. Seat Belts (required) _____

The District is responsible for determining the following:

1. Have you been convicted of reckless driving, or under the influence of drugs or alcohol within the past five years?
_____ Yes _____ No If yes, district policy prohibits your serving as a driver.

In accordance with AR 6153, Teachers and Chaperones shall not consume alcohol, smoke or use controlled substances while accompanying students on a trip.

2. Proof of liability and medical coverage insurance on the vehicles you will be driving is required by state law. The District requires a minimum of \$100,000 (per person) personal injury, \$300,000 (per occurrence) bodily injury or death, \$50,000 property damage and \$5,000.00 medical.
Limits of Coverage: _____

** If needed, you may seek a one-day Certificate of Insurance for the prescribed amount from your insurance carrier.*

A copy of the auto insurance DECLARATION PAGE must be attached

Medical coverage for Passengers _____ Yes _____ No Coverage Limits _____

Insurance Carrier Name: _____ Insurance Agent Name: _____

Insurance Agent Phone: _____ Insurance Policy Expiration Date: _____

3. Date of Field Trip: _____ Destination: _____

4. Number of Passengers: _____ (may not exceed number of available seat belts).

SUBMIT THIS FORM AND FORM L