



Dear Volunteer Driver:

Thank you for volunteering to serve as a driver for transporting students on field trips. By so volunteering, you will be assuming certain responsibilities and possible risks. On the form, we have outlined District policy regarding volunteer drivers. The policy was developed with the idea of providing the safest alternative possible when District busses are not available for field trips. The student supervision ratio must be observed at all times (1 to 5 for K-2 and 1 to 10 for 3-12). The adopted policy request 1) that we have on file certain information about you and your insurance and 2) that volunteer drivers understand and agree to the requirements listed below and on the reverse:

1. An application form must be completed for each trip and be on file with the School Office two days prior to the trip.
2. A signed Notice of Liability to Volunteer Driver form must be filed in the school office prior to the trip. (Reverse side of form).
3. Limit of not less than \$100,000 each person, \$300,000 each occurrence for bodily injury and \$25,000 property damage coverage must be carried by driver. A copy of the declaration page to the insurance policy must be attached.
4. A copy of your car registration and driver’s license must be attached.
5. The number of passengers per vehicle shall not exceed one per passenger seat belt provided.
6. Each passenger shall have a seat belt available and must wear it.
7. A car seat or booster is required until the passenger is at least 6 years of age or 60 pounds.
8. If a car has front air bags, children 12 and under or 4’9” and under must be seated in the back seat.
9. Driver will carry a cell phone and a First Aid Kit in case of emergencies.
10. All volunteer drivers must be at least 21 years of age.
11. The distance traveled shall not exceed 120 miles, one way.
12. The trip shall be limited to travel within the State of California.
13. The trip shall begin and be completed the same day. No unauthorized stops are permitted.
14. All applicable laws must be obeyed.
15. Read and follow Volunteer Driver’s Guidelines \_\_\_\_\_(please initial)

Please complete the blanks below and return the form to the school office.

1. Name of Driver \_\_\_\_\_
2. Make and Model of Car \_\_\_\_\_ License Plate # \_\_\_\_\_
3. Number of passengers/seat belts your automobile is designed to carry (in addition to the driver) \_\_\_\_\_
4. Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

The Following Documents must be attached:

1. Driver’s License
2. Insurance policy declaration page
3. Copy of car registration

I hereby offer to provide for the transportation of students of the San Jose Unified School District. In making this offer, I understand in the event of a vehicular accident, coverage is provided by the volunteer driver’s own automobile insurance. The school system does not provide insurance coverage should a vehicular accident occur while a volunteer driver is transporting students. Thank you for your cooperation and assistance.

Teacher \_\_\_\_\_ Principal \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Driver \_\_\_\_\_ Date \_\_\_\_\_



San Jose Unified  
School District

AUXILIARY SERVICES  
RISK MANAGEMENT DEPARTMENT

“Inspiring and Preparing for Success”

**NOTICE TO VOLUNTEER DRIVERS**

(Aged 21 or over)

I, the undersigned, as a volunteer driver, understand that by using my automobile for transporting students on field trips. I am exposing myself to liability for injury to passengers in my car. I realize there is a possibility of an accident occurring, and in the event of injury to any of the occupants of my car, I understand that I, and/or my insurance company may be liable. I understand also that the San Jose Unified School District does not provide insurance coverage for volunteer drivers either in place of, or supplementary to my personal automobile liability insurance or any physical damage that could occur to my vehicle (School District) insurance protects the District **only** in the event it should be named as a defendant.

Date \_\_\_\_\_ Signature of Driver \_\_\_\_\_

\_\_\_\_\_  
City Where Signed

If you have questions regarding this procedure, please discuss them with your principal or Risk Management at 535-6510