



## **REQUIREMENTS FOR VOLUNTEER DRIVING STUDENT TRANSPORTATION**

The Trinity Alps Unified School District acknowledges the need for responsible private drivers to provide transportation services for numerous school activities that otherwise would not exist without private support.

Any private driver wishing to drive students must fill out the Volunteer Vehicle Form. This form must be completed and received in the District Office for approval a minimum of **3 days** before you plan to drive on a trip. You must include a current copy of:

- Insurance declaration page (vehicle covered, coverage dates, and limits)
- Photocopy of your current driver's license

**These forms must be renewed each school year. Volunteers will be notified by email when expiration of driver license, car registration, and/or auto insurance expires.**

**-Return all completed forms to the District Office-**

Thank you for your continued support of extra-curricular and athletic student activities.

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Tom Barnett - Superintendent

Cindy Blanchard - Director of Business Services

Weaverville Elementary School • Trinity Preparatory Academy • Cox Bar Elementary School  
Alps View High School • Trinity River Community Day School • Trinity High School

**PRIVATE DRIVE APPLICATION – Page 1 of 4**

Name of School Site \_\_\_\_\_ School Year \_\_\_\_\_

**Driver-Applicant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Driver License # \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Driving Record:**

1. Have you had a valid California Driver’s License continuously during the past 3 years?

Yes  No

2. Age when first licensed: \_\_\_\_\_

3. Number of Moving violations received, if any, in the past 3 years:  \*Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Number of accidents, if any, in the past 3 years:  \*Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Use additional sheet, if necessary, for explanation and attach it to this form

5. Based on the Driving Record Table on page 2, does your driving record meet the criteria of an “Acceptable

Driver”? Yes  No

**Motor Vehicle Report (MVR) Grading Criteria**  
 Used to determine if the applicant meets the criteria  
 of an “Acceptable Driver”

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Number of Minor Violations Within Last 3 Years	Number of Preventable Accidents Within Last 3 Years			
	0	1	2	3
0	Acceptable	Acceptable	Unacceptable	Unacceptable
1	Acceptable	Acceptable	Unacceptable	Unacceptable
2	Acceptable	Unacceptable	Unacceptable	Unacceptable
<b>3 or more</b>	Unacceptable	Unacceptable	Unacceptable	Unacceptable
<b>Minor Violations (3 Years)</b> <i>Any moving violation that is not a Serious Violation as shown in this Table. (Examples include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).</i>				
<b>License Suspension or Revocation</b> (for other than failure to pay fines) <b>or Driving with Suspended License Within Last 3 Yrs</b>	Unacceptable	Unacceptable	Unacceptable	Unacceptable
<b>Any Serious Violations Within Last 5 Years</b>	Unacceptable	Unacceptable	Unacceptable	Unacceptable
<b>Serious Violations (5 Years)</b> <ul style="list-style-type: none"> <li>• Failure to stop in the event of an accident (Hit and Run)</li> <li>• Driving under the influence of alcohol or drugs or with open container</li> <li>• Refusing to take a substance/chemical test</li> <li>• More than one dismissal of a conviction relating to controlled substances</li> <li>• Reckless/Careless Driving</li> <li>• Homicide or Manslaughter or using vehicle in connection with a felony</li> <li>• Evading a Peace Officer or resisting arrest</li> <li>• Driving the wrong way or in the incorrect lane on a divided highway</li> <li>• Driving in excess of 100 mph</li> <li>• Racing/Speed contests</li> <li>• Passing a stopped school bus</li> </ul>				

**PRIVATE DRIVE APPLICATION – Page 3 of 4**  
**Trinity Alps Unified School District**

**Driver Requirements:**

The Trinity Alps Unified School District (TAUSD) acknowledges the need for responsible volunteer drivers to provide transportation services for school activities and related business.

To ensure that private transportation services will be provided in a safe, efficient and cost effective manner, the following requirements will be met:

1. The driver must be at least 21 years of age to drive for business purposes, possess a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
2. The driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
3. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
4. The vehicle will be in excellent condition and repair.
5. The number of passengers shall not exceed the capacity for which the vehicle was designed.
6. No one may transport more than nine passengers plus the driver in any vehicle.
7. All occupants must wear set belts whenever the vehicle is in motion.
8. All students who are less than 8 years of age or under 4' 9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
9. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
10. Smoking a pipe, cigar or cigarette in the vehicle is prohibited.
11. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations set forth by the State of California. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
12. All drivers must have an acceptable driving record as determined by the TAUSD policy. The TAUSD reserves the right to require a current Motor Vehicle print-out and/or accident report for driver eligibility.
13. The driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to his/her vehicle. The TAUSD liability insurance **does not** extend protection to the private driver unless the driver has been deemed a volunteer/employee by the TAUSD. If deemed as such, the TAUSD liability insurance serves only as excess insurance over the driver's primary insurance.

**Minimum limits of insurance required of the driver are:**

<b>Bodily Injury</b>	<b><u>\$100,000 each person</u></b>
	<b><u>\$300,000 each occurrence</u></b>
<b>Property Damage</b>	<b><u>\$50,000 each occurrence</u></b>

**OR**

<b>Combined Single Limit</b>	<b><u>\$300,000 each occurrence</u></b>
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14. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

**I CERTIFY THAT I HAVE READ THE ABOVE DRIVER REQUIREMENTS AND THAT I AM IN COMPLIANCE WITH THEM.**

Driver Name (print): \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

TRINITY ALPS UNIFIED SCHOOL DISTRICT

Board Approved: November 10, 2010      Weaverville, California

Revised and Approved: April 5, 2012

Trinity Alps Unified School District  
321 Victory Lane, P.O. Box 1227, Weaverville, CA 96093

**EMPLOYEE/VOLUNTEER DRIVING PRIVATE VEHICLE APPLICATION – Page 4 of 4**

**Vehicle Information:**

Driver Name (print) \_\_\_\_\_ Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Description of Auto:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Number of Seatbelts: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_

Number of Booster/Child Restraint Seats, if applicable: \_\_\_\_\_

**Insurance for Auto Listed Above:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Liability Limits: Bodily Injury: \$ \_\_\_\_\_ each person  
\$ \_\_\_\_\_ each occurrence  
Property Damage: \$ \_\_\_\_\_ each occurrence

**OR**

Bodily Injury and Property Damage Liability, Combined Single Limit:  
\$ \_\_\_\_\_ each occurrence

**Attach the Following:**

- Copy of Drivers License
- Copy of Current Auto Insurance Policy Showing Liability Limits
- Copy of Current DMV Print Out

Complete this section when driver is the registered owner

**I CERTIFY THE INFORMATION PROVIDED IN THIS FOUR (4) PAGE PRIVATE DRIVER APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IF AN ACCIDENT OCCURS, MY INSURANCE COVERAGE SHALL BEAR PRIMARY RESPONSIBILITY FOR ANY LOSSES OR CLAIMS OF DAMAGE. TO THE BEST OF MY KNOWLEDGE, MY VEHICLE IS MECHANICALLY SOUND.**

Driver Name (print): \_\_\_\_\_ Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete this section when driver is **not** the registered owner

**I CERTIFY THE INFORMATION PROVIDED IN THIS FOUR (4) PAGE PRIVATE DRIVER APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IF AN ACCIDENT OCCURS, THE REGISTERED OWNER'S INSURANCE COVERAGE SHALL BEAR PRIMARY RESPONSIBILTIIY FOR ANY LOSSES OR CLAIMS OF DAMAGE AND PERMITS TO DRIVE THE VEHICLE. TO THE BEST OF MY KNOWLEDGE.**

Driver Name (print): \_\_\_\_\_ Driver Signature: \_\_\_\_\_

Registered Owner's Name (print): \_\_\_\_\_ Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



A Public Service Agency

**EMPLOYER/Volunteer PULL NOTICE PROGRAM**  
**AUTHORIZATION FOR**  
**RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, Trinity Alps Unified School District  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
Weaverville	Trinity	CA
DATE	SIGNATURE OF EMPLOYEE/VOLUNTEER DRIVER	
	X	

I, Heidi Miller, of Trinity Alps Unified School District  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Weaverville	Trinity	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
08/17/2017	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**