

## MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL DISTRICT Business Services

1299 Bryant Avenue, Mountain View, CA 94040 Phone: 650-940-4666 Fax: 650-961-1346

## **VOLUNTEER DRIVER - APPLICATION FOR APPROVAL**

Only those parents, school district employees, or other adults who have been approved by the district may transport students to and from school activities in private or district-owned vehicles. Applicant agrees to transport students to school-sponsored events only *after* the district receives all required documentation and approves the application. <u>District policy does NOT permit students to drive other students to events</u>. <u>School district insurance does *not* provide bodily injury or property damage liability coverage for use of private vehicles.</u>

## **Documents Required:**

- Attach a clear copy of your current (within the last 30 days) CA DMV Driver Record Report (DMV points acquired within the last 3 years automatically disqualify you to drive.)
- Attach a clear copy of your California driver's license
- Attach a clear copy of the page of your auto insurance policy that shows your name, the
  policy number, and verification of current coverage amounts (minimum requirement is
  \$100,000 / \$300,000 in bodily injury liability)
- Complete this form and sign the Hold Harmless statement below
- Return this form and all required paperwork to the address listed above

Name (please print):		
I am a: (select one) parent/community volunteer	teacher/coach oth	er district employee
Mailing address:  Street address		
Dhonoi	City	Zip
Cell Work  I WILL BE DRIVING FOR:	Home	
Location: (select all that apply) MVHS LAHS AV	Mentor Program	AdEd Spec Ed
I WANT TO REMAIN ON THE APPROVED VOLUNT  HOLD HARMLESS: I hereby indemnify and hold harm Union High School District, its Trustees, employees, voluliability for damage or bodily injury that may occur throug above.	EER DRIVERS LIST	Date ountain View-Los Altos drivers from any and all
Signature	Date	
Approval may be denied or cancelled at the	e discretion of Distric	ct administration
RETURN THIS FORM TO THE ADDRESS ABOVE AT LEAST ONE WEEK PRIOR TO DRIVING STUDE		Approved:

Rev. 10/7/14