



# *Kelseyville Unified School District*

*Board of Trustees: Rick Winer, John DeChaine, Gary Olson, Dr. Peter Quartarolo, Taja Odom  
Superintendent: David McQueen*

## **Parent/Volunteer Event Driver Application Process**

All paperwork to be turned into the District Office

- **Volunteer Personal Automobile Use Form** *with*
  - Copy of Drivers License
  - Copy of Insurance Policy Declarations Page

- **DMV Driving Record-**

DMV Driver Record Request Online (\$2): <http://www.dmv.ca.gov/online/dr/welcome.htm>

(You must register first at the DMV online registration page:

<https://www.dmv.ca.gov/portal/SelfHelp/Registration.jsp> )

**OR**

DMV Driver Record Request Form (for onsite request at DMV, \$5):

<http://apps.dmv.ca.gov/forms/inf/inf1125.pdf>

- **Fingerprinting-** (Total Fees are \$72.00)

There is a \$47.00 fee payable to the Kelseyville Unified School District, prior to issuance of the "Request for Live Scan Service" form. (This is the amount the Department of Justice and FBI charge the district for the processing of each "Live Scan" report.) You must purchase the form from the Kelseyville Unified School District's Business Office at 4410 Konocti Road in Kelseyville **before** you submit to the Live Scan process. Cash or checks only.

The Live Scan service is provided through the Lake County Office of Education \* 1152 S. Main Street \* Lakeport. Fingerprints will be done *by appointment only*; call 262-4127 between 9:00 a.m. and 3:00 p.m. any weekday (except holidays). You must purchase the form from the Kelseyville Unified School District's Business Office at 4410 Konocti Road in Kelseyville **before** you submit to the Live Scan process.

There is an additional \$25.00 fee required Lake County Office of Education. Cash, credit and debit are accepted forms of payment for the service.

We should receive the results from the Department of Justice in approximately one-week. We will then notify your contact at the school site of your results.

- **Tuberculosis Skin Test-** Must be within the last 4 years to be considered current

TB tests can be performed by your regular doctor or by the following: Lake County Health Department 262-1090, Lakeside Health Clinic 263-7725, or the Upper Lake Clinic 275-9066.

**\*\*Notice: DL, Insurance Policy Declaration Page and Driving Record MUST be updated every school year to be a qualified driver\*\***

*"Committed to Excellence in Education"*

4410 Konocti Road • Kelseyville, CA 95451

(707) 279-1511 • FAX (707) 279-9221

[www.kvusd.org](http://www.kvusd.org)

**Kelseyville Unified School District**  
**VOLUNTEER PERSONAL AUTOMOBILE USE FORM**  
**[One Form Required for Each Driver to be Approved]**

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

**REQUIRED INFORMATION**

Name of Driver:

Calif. Driver's License No. & Exp. Date:

Vehicle(s) Year/Make/Model:

Vehicle(s) License Plate No.:

Insurance Carrier:

Policy Number and Expiration Date:

Liability Coverage Limits: (Minimum Required: \$100,000/300,000 liability and \$100,000 property damage, uninsured motorists, and medical payments of not less than \$2,000 )

**All of the following information is required at your expense: a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page.** Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you will provide the District (a) a copy of your Driver Record History and status of your Driver's License, and (b) pay for a criminal background check and fingerprinting. Also, **please be advised**, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

**VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS**

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

Printed Name

Signature

Date

Date Received by District:

Received by:

## SCHOOL DRIVER REGISTRATION FORM

Driver (circle one): \_\_\_\_\_ Employee \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Volunteer

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

Address: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

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

Telephone No.: (\_\_\_\_) \_\_\_\_\_

### VEHICLE INFORMATION

Name of Owner: \_\_\_\_\_

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

License Plate No.: \_\_\_\_\_

Registration Expires: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### DRIVER STATEMENT

I, the undersigned, in accordance with district rules for carrying students in my vehicle for school sponsored trips, certify that I carry vehicle insurance in the amount of \$100,000/300,000 liability, \$100,000 property damage, Uninsured Motorists, and Medical Payments of not less than \$2,000.

I certify that I have not had any violations on my driving record in the past two year and have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Print

Name \_\_\_\_\_  
Signature

Administrator Approval: Signature of Administrator \_\_\_\_\_

Name of Administrator (print) \_\_\_\_\_ Date Approved \_\_\_\_\_