

### 4-23-24 Booster Club Athletics/Hermosa Valley --VOLUNTEER Driver Form

Name of Activity: Booster Club After School Softball/volleyball

Destination/Nature of Activity: Hermosa Valley Middle School, 1645 Valley Dr. Hermosa Beach 90254

Departure Date: April 23, 2024                      4-25-24 : Parras Middle School, 200 North Lucia Ave., Redondo Beach

Departure Time: 2:15 p.m.                      : May 9, 2024 Miraleste Intermediate School, 29323 Palos Verdes Drive South

Return Date: April 23, 2024

May 14, 2024 Palos Verdes Intermediate School, 2161 Via Oliver, PVE 90274

Return Time: 5:30 p.m.

Method of Transportation: Non-School Vehicle Operated by a Licensed Adult Volunteer

NOTE: Prior to submitting, an image of the drivers license is REQUIRED to complete the submission  
CURRENT DRIVERS LICENSE MUST BE ATTACHED!

**Student Name**

**Student ID#**

**Student Grade Level**

**Student Class**

HEALTH INSURANCE INFORMATION:

**Family Medical Insurance Carrier (e.g. Blue Cross) \***

**Policy Number \***

EMERGENCY CONTACT: In the event of an emergency, please list a emergency contact for the volunteer driver.

**Emergency Contact Name \***

**Relationship to Student (e.g. Mother, Father, Stepmother) \***

**Street Address \***

**City \***

**State/Province \***

**Postal/Zip Code \***

**Emergency Contact Home Phone Number (e.g. 310-555-5555) \***

**Emergency Contact Work Phone Number (e.g. 310-555-5555) \***

**VOLUNTEER DRIVER EXPECTATIONS:**

When using your vehicle to transport students on field trips or other school activity trips:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed.
4. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
5. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
6. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
7. Obey all traffic laws.
8. Take the most direct route to the destination or event without unnecessary stops.

In case of emergency, keep all students together and call 911 and the district office.

I have received and will abide by the driver instructions provided by the "District". I agree to transport no more than the number of persons the automobile is designed to carry. but not more than 10 persons per vehicle.

\*

- I agree
- I do not agree

MEDICAL INFORMATION/AUTHORIZATION:

As provided for in California Education Code Section 35330, I agree to hold the Palos Verdes Peninsula Unified School District ("District"), its officers, employees and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of employees or agents of the District. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

\*

- I agree
- I do not agree

Do you have any special medical instructions? If no, answer "No"; if yes, please describe and upload/attach any documentation, if needed:

\*

VOLUNTEER DRIVER INFORMATION: (Upload a current copy of the your Driver's License)

Name as it appears on your Driver's License \*

Driver's License Number \*

State Issued \*

Date of Birth \*

**Driver's License Expiration Date: \***

**I give my permission to allow the Palos Verdes Peninsula Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.**

\*

- I agree
- I do not agree

**Home Address (Current address) \***

**Home Address City (Current address) \***

**Home Address State (Current address) \***

**Home Address Postal/Zip Code (Current address) \***

**Purpose of your attendance (Select all that apply) \***

- Volunteer Driver
- Volunteer Chaperone
- Other

**VEHICLE INFORMATION:**

**Make \***

**Model \***

**Year \***

**Vehicle License Plate Number \***

**Registered Owner Name \***

**Registered Owner Phone Number \***

**Registered Owner Street Address \***

**Registered Owner City \***

**Registered Owner State \***

**Registered Owner Postal/Zip Code \***

**AUTOMOBILE INSURANCE INFORMATION:**

**Insurance Company \***

**Insurance Agent \***

**Insurance Contact/Mailing Address \***

**Insurance Contact/Mailing City \***

**Insurance Contact/Mailing State \***

**Insurance Contact/Mailing Postal/Zip Code \***

**Insurance Policy Number \***

**Date Issued \***

**Expiration Date \***

**Limits of Liability \***

**Insurance Contact/Phone Number \***

**ELECTRONIC SIGNATURE CONSENT AGREEMENT:**

By clicking the 'I Approve' button in the "Electronic Signature Consent" section below, I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger while transporting students. I indemnify and save harmless the Palos Verdes Peninsula Unified School District ("District") from any and all claims or causes of action by whomever or wherever made or presented including, but not limited to personal injuries, property damage or death resulting from voluntary transportation activities. I acknowledge that the "District" does not carry insurance for damage of liability on private vehicles. I certify that I 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 all responsibility for any losses or claims for damages. I certify that I have received and will abide by the driver instructions provided by the "District". I agree to transport no more than the number of persons the automobile is designed to carry, but not more than 10 persons per vehicle.

**Parent/ Guardian Name**

**Parent/ Guardian Email**

**Parent/ Guardian Phone**

*Information entered on this form will be visible to the post admins and Aeries Communications admins*

**Signature**

**Date**

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 Upload Files