

# Memo

**To:** Parents / Guardians / Students

**From:** Keith Butler, Ph.D.  
Associate Superintendent, Business Services

**Date:** July 1, 2018

**Re:** Parent Volunteer Drivers and Student Volunteer Drivers 18 Years of Age or Older  
(Forms F-604(a) and F-604(b))

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Throughout the year, you may wish to be a volunteer driver (an individual who renders driving services without receiving remuneration of any kind) for Palos Verdes Peninsula Unified School District (District) event(s) and off-site sporting event(s).

To be an authorized driver, the District is requiring that two forms (attached) be completed.

1. Form F-604(a) Participation of District Volunteer in Field Trip Activity Assumption of Risk and Medical Treatment Authorization.
2. Form F-604(b) Volunteer Driver Information. The District will submit this form to the Department of Motor Vehicles to obtain your motor vehicle records.

In addition to these two forms, the District will require a **legible** copy of your current Driver's License. These forms when completed and signed **must** be returned to the Principal/Principal's Designee **ten (10) working days** prior to driving to your first event and will be in effect for the entire 2018-19 school year.

Attached for your review is Board Policy E(2) 3541.1 Transportation for School-Related Trips.

Thank you.



Dr. Keith Butler,  
Associate Superintendent, Business Services

Attachment: Forms F-604(a) and F-604(b) and BP E(2) 3541.1

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E(2) 3541.1

## TRANSPORTATION FOR SCHOOL-RELATED TRIPS

### DRIVER INSTRUCTIONS

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. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Do not smoke a pipe, cigar, or cigarette while there are minors in the vehicle, as required by law.
6. Obey all traffic laws.
7. 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.

Exhibit PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

version: January 24, 2008 Palos Verdes Estates, California

PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY
ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION

Volunteer
Driver for
School Year
18-19

Name: \_\_\_\_\_

Destination/Nature of Activity: \_\_\_\_\_
(Please be specific, e.g., Attend concert at UCLA.)

Purpose of Your Attendance: \_\_\_\_\_
(Chaperone, etc.)

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Method of Transportation: [ ] School Bus/Vehicle [ ] Walking [ ] Other: \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: Number Street Work ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_

City State Zip Code

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_
(e.g., Kaiser)

In the event of illness or accident, please notify:
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: Number Street Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

City State Zip Code

If there are any special medical instructions, kindly attach an explanation to this sheet.

List all Sports and/or Activities you may possibly drive for; if completed, apply once.

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Volunteer Driver Information**

**DRIVER INFORMATION: (please print)**

Name: \_\_\_\_\_  
As it appears on your Driver's License

Address: \_\_\_\_\_  
Street City State Zip Code

Driver's License Number: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Number State Month Day Year

Driver's License Expiration Date: \_\_\_\_\_  
**You must attach a current copy of Driver's License.**

**VEHICLE INFORMATION: (please print)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

**INSURANCE INFORMATION: (please print)**

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Policy Number: \_\_\_\_\_

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

Limits of Liability: \_\_\_\_\_

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 no 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.

**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.**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Name - Please Print)