



SAN JOSE UNIFIED NEW VOLUNTEER DRIVER PACKET

SCHOOL (S): _____
List all that apply

PARENT NAME: _____

STUDENT (S) NAME (S): _____

STUDENT (S) ID #: _____

SPORT (S) / ACTIVITY: _____
List all that apply

Thank you for your interest in volunteering to transport San Jose Unified students using your personal vehicle. Any adult transporting students for school-sponsored trips/athletics must complete the Volunteer Driver Packet and submit it to the school secretary ten (10) days prior to the trip/events. Risk Management and Transportation staffs will process the completed packet.

Note: Human Resources and the Coach's packets include a copy of Risk Management's Volunteer Driver Packet. It is only necessary to complete one driver packet. If you plan on driving and volunteering in the classroom (more than one time) you must also complete Human Resources Volunteer Packet.

This packet is good for one (1) school year. The following year and thereafter you will need to complete a Returning Volunteer Driver Packet. Risk Management will notify the school sites when driver authorization has been completed and when expiration of driver's license, car registration, and auto insurance expires. If you have any questions you may contact the secretary at your child's school, or Risk Management at 408-535-6510.

Included in the packet are two checklists, one for parents, and one for employees/coaches. Follow the instructions that pertain to you.

CHECKLIST FOR PARENTS

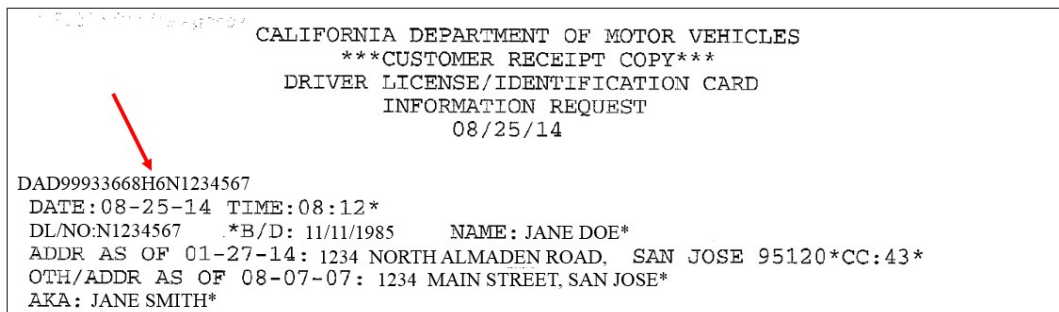
- Read, sign, and date the Volunteer Driver Instructions Form as determined by California Ed. Code, San Jose Unified Board Policy, California Vehicle and Health and/or Safety Codes.
- Read, sign, and date Insurance Notice to Volunteer Driver Form.
- Complete Volunteer Driver Registration Form. Your signature on this page gives the District permission to enroll parents in the DMV Pull Notice Program. This eliminates the need for parents to go to the DMV.
- Provide declaration page of automobile insurance coverage with a limit of not less than \$100,000 injury/death to one person and \$300,000 injury/death to more than one person.
- Provide copy of car registration.
- Provide copy of both sides of driver's license.
- Provide an official DMV documentation of your driving record. The K4 (3 year history) or H6 (10 year history) will be accepted. The K4 may be obtained in two ways: 1) Complete INF1125, write your driver license number, plate, or VIN on the front or the back of your check and mail to the DMV headquarters address on the form. Write on top of the form that you would like to request a "certified driver record" or 2) Complete the INF1125, go to any DMV field office to request the official report in person and pay \$5.

RETURN THE COMPLETED PACKET ALONG WITH COPIES OF AUTO INSURANCE POLICY AND LIMITATIONS, DMV DRIVER RECORD HISTORY (K4 or H6), CAR REGISTRATION, AND DRIVER'S LICENSE TO THE SCHOOL SECRETARY.

CHECK OFF LIST FOR EMPLOYEES/COACHES

- Read, sign, and date the Volunteer Driver Instructions Form as determined by California Ed. Code, San Jose Unified Board Policy, California Vehicle and Health and/or Safety Codes.
- Read, sign, and date Insurance Notice to Volunteer Driver Form.
- Complete Volunteer Driver Registration Form.
- Obtain the 10-year DMV Driver History Record (H6), and include it with the completed packet. To obtain an H6 printout of your driver record, you must visit the DMV in person. Make an appointment for faster service. There is no form to fill out but you must provide your current driver's license with your verbal request along with \$5. Report must be printed within the last 30 days of packet submission.

Please make sure that the document you receive is an H6 document. The first line of data below the heading should have H6 printed immediately before your DL#.



Please note: Your Volunteer Driver Packet will not be processed without an H6 issued by the California DMV.

- Provide declaration page of automobile insurance coverage with a limit of not less than \$100,000 injury/death to one person and \$300,000 injury/death to more than one person. This can be found on the declaration page.
- Provide copy of car registration.
- Provide copy of both sides of driver's license.
- Complete the DMV Employer Pull Notice Program form. Once an employee /coach have been enrolled in the Pull Notice Program, an annual H6 is no longer required. Employees enrolled in the DMV Pull Notice, or Employer Pull Notice (EPN) program, authorize SJUSD Transportation Services 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 the employee's driving privilege.

RETURN THE COMPLETED PACKET ALONG WITH COPIES OF DMV DRIVER HISTORY (H6), INSURANCE POLICY AND LIMITATIONS, CAR REGISTRATION, AND DRIVER'S LICENSE TO THE SCHOOL SECRETARY.

SAN JOSE UNIFIED VOLUNTEER DRIVER INSTRUCTIONS

- 1.) Be 21 years of age or older, possesses a valid California driver’s license, or, if he/she is a nonresident on active military duty in California, possess a valid license from his/her state of residence. To be approved, a driver shall have a good driving record.
- 2.) The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed. Trucks may not transport more persons than can safely sit in the passenger compartment. The driver shall ensure that the manufacturer’s recommendations for his/her vehicle are followed regarding the seating of children in seats equipped with airbags.
- 3.) The driver or any other person shall not smoke or have in his/her immediate possession a lighted pipe, cigar, or cigarette containing tobacco or any other plant when there is a minor in the motor vehicle, whether the motor vehicle is in motion or at rest. (Health & Safety Code 118948)
- 4.) All drivers shall wear safety belts and shall ensure that all passengers are properly secured in seat belts or child passenger restraint systems in accordance with law. (Vehicle Code 27315, 27360, 27360.5, 27363)
- 5.) A child who is under age 8 shall be properly secured in a rear seat in an appropriate child passenger restrain system meeting federal safety standards, except under any of the following circumstances: (Vehicle Code 27360, 27363) a) The child is less than four feet 9 inches or taller, in which case a safety belt may be used, b) Use of a child passenger restraint system would be impractical by reason of physical unfitness, medical condition, or size and an appropriate special needs child passenger restraint by system is not available, c) There is no rear seat, the rear seats are side facing jump seats were rear facing seats, child passenger restraint system cannot be installed properly in the rear seat, are already occupied by children under eight years for medical reasons necessitate that the child not ride in the rear seat, and d) the child is otherwise exempted by law.
- 6.) All traffic laws must be obeyed.
- 7.) Take the most direct route to the destination without unnecessary stops.
- 8.) Transport only students whose parents/guardians have given advance written permission to the school.
- 9.) In case of emergency, keep all students together; call 911, and the school office.
- 10.) Vehicle is maintained in safe working order.
- 11.) The use of alcohol, controlled substances and medications that could impair the driver’s ability to operate the vehicle in a safe manner is strictly prohibited.

I have read the Volunteer Driver Instructions and hereby affirm that I will follow all of them as stated above when driving students.

Print Volunteer Name	Volunteer Signature	Date
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SAN JOSE UNIFIED INSURANCE NOTICE TO VOLUNTEER DRIVERS

(Aged 21 or over)

I, the undersigned, as a volunteer driver, understand that by using my automobile for transporting students on field trips, athletic events, and/or school sponsored events I am exposing myself to liability for injury to passengers in my vehicle. I realize there is a possibility of an accident occurring, and in the event of injury to any of the occupants of my car, I understand that I, and/or my insurance company may be liable. I understand also that the San Jose Unified School District does not provide insurance coverage for volunteer drivers either in place of, or supplementary to my personal automobile liability insurance or any physical damage that could occur to my vehicle. San Jose Unified insurance protects the District **only** in the event it should be named as a defendant.

Date _____

Driver's Signature _____

City Where Signed

SAN JOSE UNIFIED VOLUNTEER DRIVER REGISTRATION FORM

DRIVER INFORMATION

Driver (Check all that apply): Parent Employee Coach

Name: Date of Birth:

Address:

Telephone: Cell Phone:

Driver's License #: Driver's License Class: Exp. Date:

Email Address:

VEHICLE INFORMATION

Name of Owner:

Address:

Make: Year: License Plate #:

Registration Expiration: Seating Capacity:

I will be a volunteer driver at the following schools:

EMPLOYEES/COACHES ONLY

Job Location: Name of Administrator/ Athletic Dir.:

Volunteer Driver Statement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past 3 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. I certify that I have received and will abide by the driver instructions provided by the District. I also give permission for the District's Transportation Department to enter me in the Pull Notice Program, which allows the District to access my driving record from the DMV on an ongoing basis until I no longer transport SJUSD students.

VOLUNTEER DRIVER SIGNATURE

DATE

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, _____

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 _____

DATE _____ SIGNATURE OF EMPLOYEE _____
X

1. _____, of _____, _____ 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 _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE _____
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, 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.

INF 1101 ENGLISH (REV. 9/2004) WWW

Parent Volunteer Driver DMV Request for K4 (3 year driving record)



**REQUEST FOR YOUR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

DATE

X

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD
(Complete boxes A & B)

VEHICLE/VESSEL REGISTRATION
RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P. O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 11/2000) WWW

— También disponible en español —