SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT

VOLUNTEER DRIVER INFORMATION

DRIVER INFORMATION: *(please print)* **PLEASE CHECK:** Employee _____ Parent_____ Volunteer _____

Name: _____

Address: _____
Street City State Zip Code

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

Driver's License Expiration Date: _____ Phone Number: ( ) _____

Please attach a current copy of Driver's License, if available.

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 (BP 3541.3, minimum acceptable liability limit for privately owned vehicles is $300,000 per occurrence):

_____

BP 3541.3(d) I certify that I am volunteering the use of my car; that I have a valid driver's license and insurance coverage as specified in this policy, 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 further certify that my vehicle is safe and in good mechanical condition. **I give my permission to allow Santa Monica Malibu Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles or a copy of driver's license indicating no restrictions have been imposed by the DMV or court must be attached.**

_____ _____
(Signature) (Date)

_____ _____
(Name - Please Print) Verified By School Official