

ASHLAND PBLIC SCHOOLS VOLUNTEER DRIVER INFORMATION FORM ONE DRIVER PER FORM

Please complete this two-sided form packet and return it to the office manager of your child's school. We appreciate your interest in volunteering and the time it takes to complete this application.

Check One: I am a Parent School Employee Community Volunteer

Name of School (s)										
Student Name(s)		Homeroom								
Print Driver's Full Name					DOB					
Address					Cell					
Driver's License No.				State				Expiration Date		
Vehicle Make		Model		No. Seat Belts		License				
Insurance Comp.		Policy No.				Expiration				

*Please provide up-to-date copy of your auto insurance card and driver's license.

Your insurance **must meet or exceed** the following minimum requirements: \$100,000 per person

\$25,000 per person and \$50,000 per accident for bodily injury

\$20,000 per accident for property damage

\$25,000 per person and \$50,000 per accident for uninsured motorist coverage

\$15,000 per accident for personal injury protection

Please go to the local DMV office and request your 3-year driving record. There will be a small fee payable by the volunteer driver; you may request that the report be mailed or faxed to you or the school office manager. If the report is sent to the volunteer, please bring it to the office manager. School personnel prior to driving students must review this report. Allow at least one week for processing by DMV.

Complete the Annual Maintenance Inspection Report on the reverse side of this form. These are the Oregon Department of Transportation guidelines. If your information is not applicable please put an n/a in the space.

Date last inspected _____ (see reverse) I authorize a **background check** on my driving history.

By signing this form, I certify that:

- I am aware that in the event of an accident, my insurance will provide primary coverage;
- I currently have less than two points on my official driving record;
- I will drive within the posted speed limits;
- I will require all passengers to wear seat belts or use a child safety system;
- I will not use electronic devices while driving;
- I will keep my car free of any signs or smells of alcohol, tobacco or drug use including recreational or medical marijuana;
- I will not eat, drink, and/or groom myself while driving; and
- I will follow all requirements of drivers as set by the State of Oregon

WAIVER OF LIABILITY

I recognize and knowledge that I am voluntarily driving a privately owned vehicle for the purpose of providing transportation for my child and potentially other children to/from school sponsored events/activities. I assume all risks that may be associated with providing and utilizing private means of transportation. These risks including but are not limited to all liability associated with the operation of a motor vehicle, any and all injuries, and any and all property damage associated with this means of transportation. I agree to absolve, exonerate, and hold harmless Ashland School District, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers from and against any and all claims, demands, actions, complaints, suits or other forms of liability for any risk associated with this travel. I understand that I am not required by Ashland School District to provide transportation to my child or other children.

Signature

Date