RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT

1525 DOUGLASS STREET • PO BOX 1507
RED BLUFF, CALIFORNIA • 96080-2599
(530) 529-8700 • FAX (530) 529-8709

TODD A. BROSE, SUPERINTENDENT

PRIVATE DRIVER APPLICATION (Volunteers Driving Personal Vehicle)

For School Year 2026-2027

A. PERSONAL USE DRIVER INSTRUCTIONS

Drivers and private vehicles being operated for District purposes must meet or exceed the following guidelines:

1. All drivers must be approved by the school or site administrator.
2. The driver must be at least age 21 to drive for business purposes and age 25 if transporting students, possess a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
3. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
4. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
5. The vehicle will be in excellent condition and repair.
6. The number of passengers shall not exceed the capacity for which the vehicle was designed.
7. No one may transport more than nine passengers plus the driver in any vehicle.
8. All occupants must wear seat belts whenever the vehicle is in motion.
9. All students who are less than 8 years of age or under 4'9" tall must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
10. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
11. Smoking a pipe, cigar or cigarette/electronic cigarette in the vehicle is prohibited.
12. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
13. The driver must provide a MVR (Motor Vehicle Report / Driver Record) dated within 30 days of this application and have an acceptable driving record as determined by the Red Bluff Joint Union High School District policy. The Red Bluff Joint Union High School District reserves the right to require a current K-4 Driver Records and/or accident reports for determination of driver eligibility.
14. Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on District business and involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. **Minimum liability limits of insurance required are:**

    Bodily Injury **$100,000 each person; $300,000 each occurrence**
    Property Damage **$ 50,000 each occurrence**

    or

    Combined Single Limit **$300,000 each occurrence**
15. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.
16. All drivers are required to be screened through a Sex Offender Registry.

B. DRIVER INFORMATION

Driver Name_____ Date of Birth _____
Address_____ License # _____
_____ Expiration Date _____
Home Phone _____ Cell Phone _____

C. VEHICLE INFORMATION

Make & Model_____Vehicle Year _____
Registered Owner Name_____ License Plate No._____
Number of Seatbelts_____ Registration Expiration Date _____
Number of Booster/Child Restraint Seats, if applicable _____

D. INSURANCE FOR VEHICLE LISTED ABOVE

Insurance Company_____Policy No.: _____
Expiration Date of Policy_ _____
Bodily Injury Limit $_____ each person and $_____ each occurrence
Property Damage Limit $_____ each occurrence
~OR~
Bodily Injury and Property Damage Liability, Combined Single Limit $_____ each occurrence

E. DRIVING RECORD

1. Have you had a valid California Driver's License during the past 3 years? __Yes __ No
2. Age when first licensed? _____
3. Based on the Driving Record Table below, does your driving record meet the criteria of an "**Acceptable Driver**"? __ Yes __ No

Minor Violations (within past 3 Years) include any moving violation that is not a major/serious violation as shown in this Table. *(Examples of minor violations include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).*

Number of Minor Violations Within Last 3 Years	Number of At-Fault Accidents Within Last 3 Years			
	0	**1**	**2**	**3 or more**
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Borderline	Unacceptable	Unacceptable
2	Borderline	Unacceptable	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable

License Suspension or Revocation (within past 3 Years)	Unacceptable
Major/Serious Violations (within past 5 Years) • Failure to stop in the event of an accident (Hit and Run) • Driving under the influence of alcohol or drugs or with open container • Refusing to take a substance/chemical test • More than one dismissal of a conviction relating to controlled substances • Reckless/Careless Driving • Homicide or Manslaughter or using vehicle in connection with a felony • Evading a Peace Officer or resisting arrest • Driving the wrong way or in the incorrect lane on a divided highway • Driving in excess of 100 mph • Racing/Speed contests • Passing a stopped school bus	Unacceptable

F. ATTACH

1. Copy of Drivers License
2. Copy of Current Auto Insurance Policy or Auto ID Card
3. MVR (Motor Vehicle Record / Driver Record) dated within past 30 days. https://www.dmv.ca.gov/portal/dmv/detail/online/dr

G. DRIVER ACKNOWLEDGEMENT

I certify the above information is correct and agree to advise the District, in writing, of any changes in the above information. I have read and understand the Personal Use Driver Instructions.

Print Driver Name_____ Driver Signature_____
Date _____

H. ACKNOWLEDGEMENT BY REGISTERED OWNER:

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. The District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Print Registered Owner Name _____
Owner's or Authorized Representative Signature_____Date _____
Authorized Driver's Name (if different from registered owner) _____

For District Use Only:

Approved Driver and Vehicle: _____
Date: _____ (Designated District Official)

RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT
1525 Douglass St./P.O. Box 1507
Red Bluff, CA 96080
(530) 529-8700
2026/2027

VOLUNTEER INFORMATION:

Name
Last First Middle

Address
Number & Street City State Zip

Home Telephone Work Telephone

Cell phone Email

Student's Name

Volunteer Services/Program /Sport

Name of person under whom you are volunteering

Email OR phone number of above named individual

Have you ever been convicted of anything other than a minor traffic violation?
Yes No

If yes, please explain

CERTIFICATION OF VOLUNTEER: Read carefully before signing.
I hereby certify that all answers to the above questions are true.

Date Volunteer Signature

Date Administrator Signature

For coaches: Fundamentals of Coaching - http://nfhslearn.com/?courseID=10 00
Courses Heat Illness and Concussion -http://nfhslearn.com/?courseID=1000
Sudden Cardiac Arrest (SCA) -http://nfhslearn.com/?courseID=1000
CPR/First Aid, TB Test, Livescan (HR will provide the order; cost to volunteer $64.00)
Applicant must meet with the school Administrator to get signature.

For Parent Drivers: Please submit this form along with the Parent Driver Application

For Chaperones: Any parent/volunteer responsible for the supervision of an assigned group of students must be Live Scanned (HR will provide the order; cost to volunteer $64.00).

For Parent/Guardian attending a field trip (without chaperoning): Turn in this form along with a copy of your Driver's License.