

Richmond Elementary School District
700 – 585 Richmond Road
Susanville, California 96130

PRIVATE DRIVER APPLICATION – Page 1 of 3
Volunteers Driving Private Vehicle

School Site: Richmond ElementarySchool Year: **2025 - 2026****Driver Requirements:**

Richmond School District acknowledges the need for responsible volunteer drivers to provide transportation services for school activities and related business.

To ensure that private transportation services will be provided in a safe, efficient and cost-effective manner, the following requirements will be met:

1. The driver must be at least 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.
2. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
3. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
4. The vehicle will be in excellent condition and repaired.
5. The number of passengers shall not exceed the capacity for which the vehicle was designed.
6. No one may transport more than nine passengers plus the driver in any vehicle.
7. All occupants must wear seat belts whenever the vehicle is in motion.
8. All students who are less than 6 years of age or weigh less than 60 pounds must be properly secured in a rear seat, in a child passenger restraint system, meeting applicable federal motor vehicle safety standards.
9. The use of cell phones, Walkman's, pagers, or other electronic devices while driving is prohibited.
10. Smoking a pipe, cigar, or cigarette in the vehicle is prohibited.
11. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations set forth by the State of California. 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.
12. All drivers must have an acceptable driving record as determined by the Richmond School District policy. The Richmond School District reserves the right to require a current H6 Motor Vehicle Report (10-year MVR) and/or accident reports for driver eligibility.
13. The driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to his/her vehicle. The Richmond School District's liability insurance **does not** extend protection to the private driver unless the driver has been deemed a volunteer/employee by the Richmond School District. If deemed such, the Richmond School District's liability insurance serves only as excess insurance over the driver's primary insurance.

Minimum limits of insurance required of the driver are:

Bodily Injury	<u>\$100,000 each person</u>
	<u>\$300,000 each occurrence</u>
Property Damage	<u>\$50,000 each occurrence</u>

OR

Combined Single Limit	<u>\$300,000 each occurrence</u>
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14. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

I CERTIFY THAT I HAVE READ THE ABOVE DRIVER REQUIREMENTS AND THAT I AM IN COMPLIANCE WITH THEM.

Driver Name (Print): _____

Driver Signature: _____

Date: _____

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DRIVER-APPLICANT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ Driver License #: _____

_____ Expiration Date: _____

Telephone Number (Home) _____ Cell Phone # _____

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

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	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Minor Violations (3 Years) Any moving violation that is not a Serious Violation as shown in this Table. <i>(Examples 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).</i>				
License Suspension or Revocation for other than failure to pay fines or Driving with Suspended License Within Last 3 Years	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Any Serious Violations Within Last 5 Years	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Serious Violations (5 Years) <ul style="list-style-type: none"> 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 				

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VEHICLE INFORMATION:

Name of Owner: _____ Description of Auto _____

Address: _____ Year: _____

_____ Make: _____

Telephone _____ Number of Seatbelts: _____

_____ License Plate No. _____

_____ Registration Expiration _____

Number of Booster/Child Restraint Seats, if applicable _____

INSURANCE INFORMATION:

Auto Insurance Company: _____ Policy No.: _____

Expiration Date of Policy: _____

Liability Limits: Bodily Injury: \$ _____ each person
\$ _____ each occurrence
Property Damage: \$ _____ each occurrence

~OR~

Bodily Injury and Property Damage Liability, Combined Single Limit
\$ _____ each occurrence

ATTACH:

- Copy of Driver's License
- Copy of Current Auto Insurance Policy showing coverage and expiration date of Policy

I CERTIFY THE INFORMATION PROVIDED IN THESE THREE (3) PAGES PRIVATE DRIVER APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IF AN ACCIDENT OCCURS, MY INSURANCE COVERAGE SHALL BEAR PRIMARY RESPONSIBILITY FOR ANY LOSSES OR CLAIMS OF DAMAGE. TO THE BEST OF MY KNOWLEDGE, MY VEHICLE IS MECHANICALLY SOUND.

Print Driver Name: _____

Driver Signature: _____

Date: _____

Approved Driver and Vehicle: _____ **Date:** _____

(Designated District Official)

Retain this original signed form in school file after approval.