Winship-Robbins

Elementary School District

**Handbook for Volunteers:**

**Practices, Procedures, and Requirements**

**WINSHIP-ROBBINS ELEMENTARY SCHOOL DISTRICT**

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**I. Introduction: Benefits of using Volunteers**

The District recognizes and acknowledges the services that volunteers and mentors contribute, and that they provide an array of services that promote the health and well-being of children. The presence of volunteers and mentors in the classroom, on school grounds, and as part of student activity programs, enhances supervision of students and contributes to a positive school environment. Student activity programs may include, but are not limited to: scholastic programs, interscholastic programs, and extracurricular activities sponsored by the District.

Volunteers may also perform services outside of a classroom setting, either on an individual basis or working in group facility projects. Some of these individual volunteer activities may include, but are not limited to mentoring, the arts, field trips, and coaching/ assistant coaching. Group facility projects may include, but are not limited to painting; structural modifications; installation of carpet, sprinklers, marquees and signs; and landscaping and tree planting, pruning or removal.

Parents/guardians and other members of the community are encouraged to share their time, knowledge and abilities with students. Volunteer assistance in schools enriches the educational program, enhances supervision of students, and contributes to school safety while strengthening the school’s relationships with the community. Community members are encouraged to serve as mentors providing support and motivation to students. Volunteer work is generally limited to those projects that do not replace the normal duties of staff. The Board nevertheless encourages volunteers to work on short-term projects to the extent that they enhance the classroom or school, do not significantly increase maintenance workloads, and comply with employee commitments and contracts. To the extent prohibited by law or contract, volunteers may not be used instead of District personnel. Specifically, volunteer aides shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off. (Education Code 35021)

**Volunteers are expected to act in accordance with district policies, regulations and school rules. At their discretion, employees who supervise volunteers may ask any volunteer who violates school rules to leave the campus.** Employees also may confer with the Site Administrator or designee regarding any such volunteers. The Superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

**II. Types of Volunteers and Screening Requirements**

1. There are four (4) main categories of volunteers as outlined by level below. While certain requirements may apply to most or all volunteers, there are additional requirements for volunteer levels that provide more opportunity for unsupervised interaction with students and/or that provide transportation as part of the volunteer duties. NOTE: Some volunteers may fall into more than one category depending on the services they provide. For example, an individual who volunteers on a regular basis in a classroom (Level 2) may also provide student transportation for field trips (Level 3).
2. Whenever the duties of the volunteer will encompass more than one level, they must be processed under the level with the most stringent requirements in order to ensure all requirements are met and all protocols are followed.
3. Volunteers may not participate in any volunteer activities until approved by the Site Administrator.
4. The Superintendent or designee may exempt from tuberculosis testing requirements those volunteers who serve less than a school year and whose functions do not require frequent or prolonged contact with students. (Education Code 49406)
5. No person who is required to register as a sex offender under Penal Code section 290 may volunteer. Persons who are required to register as a sex offender under section 290 are required, pursuant to Penal Code section 290.95 to disclose his/her status as a registrant when he/she applies for or accepts a position as a volunteer. Persons who are required to register as a sex offender under section 290 must disclose their status as a registered sex offender and/or provide the District with sufficient information in order to allow verification of sex offender status, so that the District may act in accordance with the law when determining whether the applicant can work as a volunteer for the District.
6. If volunteer services are discontinued for any reason, a returning L2 volunteer will need to complete the volunteer application process again, including providing proof of a current negative TB test and obtaining current FBI/DOJ clearance.

**III. Level 1 (L1) – On-Site Volunteer (Supervised)**: A **Level 1 (L1) Volunteer** is defined as an individual who, with District approval and under the supervision of a teacher or other school employee, assists students, schools, and teachers, and **is never left alone with students**. Assisting with day field trips, onetime classroom presentations, fund raising, and special events, would still constitute minimal interaction. Other examples include:

* Occasional classroom help (guest reader, assist with parties or projects)
* Assists in workroom or special projects but is not alone with children
* Assists in office, library or classroom, under direct supervision of District employee
* Provides student supervision during breakfast, lunch, or other nutritional periods

**L1 Volunteers are not authorized to drive** for field trips or other student activities and are not subject to fingerprinting or TB testing requirements.

A **Level 1 (L1) Volunteer** is also defined as any individual who, with District authorization, **voluntarily provides some sort of unusual or non-routine site maintenance/improvement and/or non-student related services** which benefit the District. Once again, **a Level 1 Volunteer** **is never left alone with students**. Examples include:

* Painting
* Landscaping
* Community Projects
* Technology (upgrading computers, specialized programming needs, etc.)

Level 1 Volunteeer requirement:

* Receipt of Volunteer Application Form (if required by Site Administrator)
* For facilities projects, submit appropriate license (i.e. electrical contractor’s license) if required by Site Administrator
* Review/approval by Site Administrator

**IV. Level 2 (L2) – On/Off-Site Volunteer (Supervised/Unsupervised):** A Level 2 (L2) Volunteer is defined as an individual who, with District authorization, voluntarily assists Districts, schools, educational programs, or students on a regular and ongoing basis and who may at times work with students outside the direct supervision of staff. L2 Volunteers **may perform any of the duties as outlined for an L1 Volunteer**. The **primary distinction between L1 and L2 Volunteers is that L2 Volunteers may at times interact with students outside the direct supervision of District staff**. **L2 Volunteers** are **not authorized to drive** for field trips or other student activities without preapproved District authorization (see Level 3 Volunteer). L2 Volunteers may assist certificated personnel in the performance of their duties, in the supervision of students, and in instructional tasks which, in the judgment of the certificated personnel to which the L2 Volunteer is assigned, may be performed by a person not licensed as a classroom teacher. These duties shall not include assignment of grades to students. (Education Code 45343, 45344, 45349) Examples of L2 Volunteers include:

* Mentors and tutors
* Band Instructors
* Assists in classroom or on playground and may interact with children outside the direct supervision of District staff
* Participates in field trip activities and may monitor a “student group” outside the direct supervision of District staff
* Chaperone for overnight trip where he/she might be left alone with student(s) other than their own child(ren)

Additional requirements:

* Complete a Volunteer Application Form
* Provide proof of a negative TB test taken within the last 60 days
* Undergo fingerprinting and FBI/DOJ clearance at their own expense

**V. Level 3 (L3) – Driver:** A **Level 3 (L3) Volunteer** is defined as any individual who, with District authorization, **voluntarily provides transportation as a Driver to students and/or District personnel for participation in District sponsored/sanctioned activities** including, but not limited to, athletic events, field trips, and overnight trips. The duties of an L3 Volunteer, with preapproved District authorization, may encompass the duties of an L1 or L2 Volunteer in addition to their driving responsibilities. Additional requirements include (plus Level 2 requirements)

* Complete a Driver Application Form
* Provide proof of valid driver license and current vehicle registration
* Provide required proof of insurance showing compliance with minimum coverage requirements (policy declaration page showing insured name, policy period, and coverage limits)
* Provide record of driving history (DMV printout)
* If the L3 Volunteer utilizes a personal or rented vehicle (defined as any non-District vehicle), in the event a claim is filed, the Volunteer’s personal vehicle insurance will be primary and the Volunteer is responsible for payment of any applicable deductible.
* If the vehicle being used is rented, a statement from the insurance company indicating coverage of rental vehicles or a copy of the rental agreement indicating insurance coverage shall be submitted. Vehicles approved for use may only be rented from a commercial business whose business license authorizes this activity.
* The L3 Volunteer is required to follow all California state driving laws, including but not limited to: compliance with posted speed limits; use of proper passenger restraints, including seatbelts and child booster seats where required; use of cargo restraints where appropriate; and, use of cell phones only with a hands-free device.
* The cost of any tickets, fines, etc., that may occur as a result of driving or traffic violations will be borne entirely by the Volunteer.
* The District requires minimum public liability/bodily injury insurance limits of $300,000 per occurrence, $100,000 per person, and $50,000 for property damage.
* Any individual, who has a total of 2 or more points, including any pending offenses, will not be allowed to transport students. According to the California Driver Handbook,
* Examples of one-point violations are: a traffic conviction or an at-fault accident.
* Examples of two-point violations are: reckless driving or hit-and-run driving, driving under the influence of alcohol/drugs, driving while license is suspended or revoked.
* The District recommends that drivers have a vehicle safety inspection performed prior to each driving activity. This will not be performed by District personnel on non-District owned vehicles.
* Approved drivers shall receive copies of permission slips signed by parent/guardian of each student in the vehicle plus a First Aid kit that must be in their vehicle at all times during the approved driving activity.
* An original of all requested forms (proof of insurance, DMV printout, etc.) shall be submitted to the school site so that copies can be made and retained.
* The school Site Administrator or designee shall design a line of communication in case of emergency; said line of communication shall be maintained by every driver during the field trip or activity.

**For** **DRIVER APPLICATION FORM, see pages 10-11.**

**VI. Level 4 (L4) – Coach/Assistant Coach Athletic Activities (Both On/Off Site):** A Level 4 (L4) Volunteer is defined as any individual who, with District authorization, voluntarily provides instruction to, or supervision of, students participating in District-sponsored/ sanctioned athletic programs or events. **An L4 Volunteer may perform as the primary coach or as an assistant to a primary coach**. An L4 Volunteer, with pre-approved District authorization, **may also perform driving duties** as outlined for L3 Volunteers. Additional requirements (plus Level 3 requirements):

* have current CPR certification

**VII. Procedures for All Volunteers**

1. All information concerning children is strictly confidential and must not be shared with others.
2. Take children’s comments with a “grain of salt”. Don’t repeat the stories and personal information that children share with you.
3. Please call the school if you are scheduled to volunteer on a specific day and time, but you will be late or absent. If you are scheduled for an activity such as a coaching position or a driver for a field trip, and you do not come, it will impact the teachers and other staff as well as the students. Please try to honor your commitments by arriving on time and not cancelling.
4. Please leave preschoolers at home.
5. Please avoid interrupting teachers while they are teaching. Questions and concerns can be addressed following instructional time.
6. Teachers or administrators, as appropriate, will deal with discipline issues. Please bring any discipline problems to the attention of the teacher in charge. It is inappropriate for volunteers to discipline children verbally or any other way.
7. Please refrain from a physical show of affection (i.e. hugging) at school or at school events. Clothing should be neat, clean and comfortable and appropriate for an elementary school. Volunteers as well as employees must follow the District dress code, and if you have any question about whether something is appropriate, just don’t wear it.
8. No political or religious preferences may be advocated.
9. The use of drugs, alcohol, and tobacco at school or at any school-sponsored event is prohibited.
10. Volunteers on field trips are to stay with the group at all times. They may not take the group of students they have been assigned to any area or any other place that has not been authorized by the person in charge.

**VIII. Checklists of Requirements of Volunteers**

**LEVEL 1 VOLUNTEER: On-Site (Supervised)**

|  |  |  |
| --- | --- | --- |
| Volunteer Name: | Date completed | Initials of district  employee |
| Receipt of Volunteer Application Form (if required by Site Administrator) |  |  |
| For facilities projects, submit appropriate license (i.e. electrical contractor’s license) if required by Site Administrator |  |  |
| Review/approval by Site Administrator |  |  |

**LEVEL 2 VOLUNTEER: On/Off-Site Volunteer (Supervised/Unsupervised)**

|  |  |  |
| --- | --- | --- |
| Volunteer Name: | Date completed | Initials of district  employee |
| Receipt of Volunteer Application Form |  |  |
| Proof of negative TB test within last 60 days |  |  |
| Undergo fingerprinting and FBI/DOJ clearance |  |  |
| Review/approval of paperwork by Site Administrator |  |  |
| Volunteer Handbook issued |  |  |

**LEVEL 3 VOLUNTEER: Driver**

|  |  |  |
| --- | --- | --- |
| Volunteer Name: | Date completed | Initials of district  employee |
| Receipt of Volunteer Application Form |  |  |
| Proof of negative TB test within last 60 days |  |  |
| Undergo fingerprinting and FBI/DOJ clearance |  |  |
| Receipt of completed Volunteer Driver Application |  |  |
| Receipt of proof of valid driver license and current vehicle registration |  |  |
| Receipt of applicable insurance documentation showing compliance with minimum coverage requirements |  |  |
| Receipt of DMV print-out showing compliance with minimum driving history requirements |  |  |
| Review/approval of paperwork by Site Administrator |  |  |
| Volunteer Handbook issued |  |  |

**LEVEL 4 VOLUNTEER: Coach/Assistant Coach Athletic Activities (Both On/Off Site)**

|  |  |  |
| --- | --- | --- |
| Volunteer Name: | Date completed | Initials of district  employee |
| Receipt of Volunteer Application Form |  |  |
| Proof of negative TB test within last 60 days |  |  |
| Undergo fingerprinting and FBI/DOJ clearance |  |  |
| Receipt of completed Volunteer Driver Application\* |  |  |
| Receipt of proof of valid driver license and current vehicle registration\* |  |  |
| Receipt of applicable insurance documentation showing compliance with minimum coverage requirements\* |  |  |
| Receipt of DMV print-out showing compliance with minimum driving history requirements\* |  |  |
| CPR Certification |  |  |
| Review/approval of paperwork by Site Administrator |  |  |
| Volunteer Handbook issued |  |  |

**\*L4 Volunteers who will be driving students must complete these steps.**

**WINSHIP-ROBBINS ELEMENTARY SCHOOL DISTRICT**

**VOLUNTEER APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | |
| LAST NAME FIRST NAME M.I. | | | | | | | | | | E-MAIL | | | |
| STREET ADDRESS | | | | | | | P.O. BOX | | | | HOME PHONE | | |
| CITY, STATE, ZIP | | | | |  | | | | | | CELL PHONE | | |
| SOCIAL SECURITY NUMBER  ***NOTE****: Social Security Number is optional. \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | |
| **EMERGENCY CONTACT:**  Person to contact in case of emergency:  Home phone: \_\_ \_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **WHAT HOURS/DAYS ARE YOU AVAILABLE AS A VOLUNTEER?** | | | | | | | | | | | | | |
| Days: | □ Mon. | | □ Tues. | □ Wed. | | □ Thurs. | | | □ Fri. | | | □ Sat. | □ Sun. |
| Times: |  | |  |  | |  | | |  | | |  |  |
| **PLEASE LIST ANY LANGUAGE (OTHER THAN ENGLISH)** that  you can use as part as part of your volunteer services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Do you have any relatives who work for  Winship-Robbins Elementary School  District? □ YES □ NO  If Yes, relative’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Speak? □ YES □ NO | | Able to translate? □ YES □ NO | | | | | |
| Read? □ YES □ NO | | Able to translate? □ YES □ NO | | | | | |
| Write? □ YES □ NO | | Able to translate? □ YES □ NO | | | | | |
| **Reason for volunteering:**  □ My child, family friend or other relative attends this school. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ I am a community member with a desire to help the school.  □ I need community service hours or am completing a service project for a  school or organization. Name of school or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Below are some examples of typical volunteer activities. Please check all in which you have an interest or expertise.**  □ Working directly with students, i.e. tutoring, practice reading, etc. 1  □ Providing preparation assistance to teachers, i.e. making copies, special projects, etc.  □ Providing behind-the-scenes assistance, i.e. work in library, school office, etc.  □ Providing technology-based assistance, i.e. website development or updates, etc.  □ Provide maintenance-based assistance, i.e. school site clean-up, painting, etc.  □ Provide transportation for field trips and/or other activities 1,2  □ Coach/ assistant coach 1,2  □ Other (please specify)  1 May require TB test and fingerprint/background check  2 Requires separate Volunteer Driver Application Form, proof of valid license, current insurance with required  limits, DMV print-out (optional for coaching if driving not included) | | | | | | | | | | | | | |
| Do you have a specific volunteer activity in mind? □ YES □ NO  What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| My signature below authorizes the school district to conduct a background investigation and authorizes release of all information in connection with my volunteer application. Further, I hold harmless any individual or firm for any information that they may provide in this investigation which may include such information as criminal or civil convictions or driving records. I waive my right of access to any such information, and without limitation, hereby release the school district and the reference source from any and all liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: Law enforcement agencies and any locality to which they may refer for release of information pertaining to any finds of child abuse or neglect investigations involving me.  Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application.  As a volunteer I agree to: 1) follow the rules and regulations of Winship-Robbins Elementary School District, 2) to be free of the influence of alcohol or illegal drugs, 3) to never purposefully endanger the life or health of a student or employee, 3) to be fingerprinted and show proof of negative tuberculosis. I also agree not to share personal information about students or staff that I may learn in the course of my volunteer time. Confidentiality must be maintained, especially in light of the fact that Winship and Robbins are such small communities. If ever there is a doubt about whether you should share information with anyone about a child, staff member, community member, or parent, don’t do it. Refer the questions to the Superintendent or Principal. | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### For Office Use Only: EMPLOYABILITY STATUS

Eligible *(No criminal history)*

Eligible *(Criminal history summary contains offences other than those prohibiting employment)*

Ineligible

Date Criminal History Received from DOJ: / /

Month Day Year

#### I certify under penalty of perjury, that a Department of Justice criminal record summary has been obtained on the above named applicant and that the said applicant’s employability status has been determined by the criteria enumerated in the California Education code relating to employment by a public school district.

Administrator Signature Date

**VOLUNTEER DRIVER APPLICATION FORM**

The purpose of this form is to reduce the liability of the District and our volunteer drivers by being proactive in our selection of volunteer drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school office along with copies of your valid California driver’s license, current driving record (MVR), current auto registration, and a copy of the Declaration page for your current vehicle insurance coverage. A new Driver Application Form must be filled out each school year. Only District employees are allowed to drive District vehicles.

Minimum insurance coverage levels are as follows:

* Public Liability/Bodily Injury $100,000/$300,000 per occurrence
* Property Damage $50,000 per occurrence

**SECTION I – Driver Information (circle one):** Employee Parent/Guardian Other Volunteer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_\_\_

**Vehicle #1:** Are you the registered owner? \_\_\_ YES \_\_\_ NO If not, provide name, address and phone number(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Color/ Make/Model/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of working seat belts: \_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured/Underinsured motorist coverage? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_ Registration Expiration: \_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle #2:** Are you the registered owner? \_\_\_ YES \_\_\_ NO If not, provide name, address and phone number(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Color/ Make/Model/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of working seat belts: \_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured/Underinsured motorist coverage? Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_ Registration Expiration: \_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II – Driver History:** PLEASE ANSWER ALL OF THE QUESTIONS BELOW:

\_\_\_YES \_\_\_NO Have you been in an accident in the last three years? If yes, please explain the accident

and its cause below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ YES \_\_\_NO Have you had any moving violations in the past three years? Please describe below, if any.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ YES \_\_\_NO Have you ever been convicted for DWI/DUI for alcohol or drugs? If yes, please list the date(s) of

the offense(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_YES \_\_\_NO Have you ever had your license suspended for moving violations, hit and run, eluding an

officer, reckless or negligent operation of a vehicle, or driving while under suspension or

revocation?

**SECTION III – Requirements for Drivers**

**I certify that:**

1. I possess a valid California driver’s license and am at least 21 years of age.

2. I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding using

my personal vehicle for transporting students or faculty members, or when on school business, that might

affect my ability to meet the qualifications for a volunteer driver.

3. I will maintain the minimum insurance coverage required by the District for the vehicle(s) listed on the preceding

page and only volunteer to drive when such insurance policies and coverage is in force.

4. I understand that in case of any type of accident, injury, or vehicle damage, the school’s liability insurance policy

DOES NOT provide primary or direct insurance on my vehicle. The District’s insurance will take effect only after my personal auto insurance limits are exhausted. I will advise the school of any change in information provided on this form, including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.

5. The number of individuals riding in my vehicle(s) will not exceed the number of passengers the vehicle is designed

to carry or the number of working seat belts.

6. Students will be in their own seats and secured with individual working seat belts. (No double belting of children is

permitted). Individual booster seats will be used according to law.

7. No children under the age of 8 will ride in the front passenger seat (CA Vehicle Code 27360).

8. Students will not be left unattended in the vehicle.

9. I will maintain my vehicle(s) in safe operating conditions (brakes, tires, etc.).

10. I will operate my vehicle(s) in a safe manner, including NOT using a cell phone or other electronic device while

driving.

11. I will read and follow the instructions for driving and chaperoning students provided by the sponsoring teacher.

12. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

13. I will comply with school volunteer requirements including, but not limited to fingerprinting, Megan’s Law

Database, TB Tests, or other screening mechanisms.

14. I will undertake any necessary training to comply with school safety requirements including, but not limited to

defensive driver training.

15. I will not smoke a pipe, cigar, cigarette, or related substance while there are minors in the vehicle, or ingest any

drugs or alcohol that may impair my ability to drive, as required by law.

16. I will obey all traffic laws.

17. I will take the most direct route to the destination or event without unnecessary stops, or I will follow the route

outlined by the teacher in charge.

18. I understand that in case of emergency, I will keep all students together, call 9-1-1 and notify the school site

immediately.

19. I understand that I may be required to undergo a drug/alcohol test if I am involved in a traffic accident

involving the vehicle I am driving.

20. I hereby waive all claims against Winship-Robbins Elementary School District for injury, accident, illness, or death

occurring during, or by reason of, this field trip or excursion. California Education Code 35330 and 5 CCR 55220.

21. Vehicles rented for use by the District are covered by Tri County Schools Insurance Group the same as an

owned vehicle as long as the vehicle is rented in the name of the district**.** If vehicle is rented in the name of

a teacher or volunteer then their personal automobile insurance is primary unless they purchase insurance from the rental car company.

**SECTION IV – Declaration and Signature**

I affirm that I will carefully transport students under my care and operate my vehicle in accordance with District policies, procedures, and this Application, in accordance with all traffic laws. The information given on this form is true and correct to the best of my knowledge and belief.

**YOU MUST SUBMIT COPIES OF YOUR CURRENT DRIVER LICENSE, CURRENT DRIVING RECORD (Motor Vehicle Record or MVR), AUTO REGISTRATION, AND INSURANCE DECLARATION PAGE (front pages of policy) WITH THIS FORM.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**SECTION V – School Administration Approval**

\_\_\_ Approved for placement on the School’s Approved Driver List

\_\_\_ Denied placement on the school’s Approved Driver List

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Site Administrator Date**

VEHICLE INFORMATION

Winship-Robbins

Elementary School District

**ACCIDENT REPORT FORM**

DRIVER:

LICENSE #:

VEHICLE YR & MAKE:

VEHICLE LICENSE #:

AREA OF DAMAGE:

**DESCRIBE HOW**

**ACCIDENT OCCURRED**

# DIAGRAM & MISCELLANEOUS

**(IF NECESSARY)  
INDICATE ON THIS DIAGRAM WHAT HAPPENED**

**Indicate**

**North**

**By Arrow**

DISTRICT VEHICLE

INSURANCE INFORMATION

TRI COUNTY SCHOOLS INSURANCE GROUP

AUTO CLAIMS DEPARTMENT

P. O. Box 1106

GRASS VALLEY, CA 95949

530-271-2722 PHONE

530-273-6459 FAX

POLICY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON AT INSURANCE AGENCY THAT YOU SPOKE TO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Stop at once.
2. Provide assistance to any injured party.
3. Contact the local police authority.
4. Phone the school site (Winship 530-696-2451 or Robbins 530-738-4386) if there is personal injury or extensive property damage.
5. Do not discuss the accident with anyone other than a representative your insurance agency or school district administrators.
6. Complete this report as soon as possible.

## LIABILITY COVERAGE

THIS VEHICLE IS OWNED BY A PUBLIC ENTITY AND IS SELF-INSURED THROUGH THE MEMBERSHIP IN A JOINT POWERS INSURANCE AUTHORITY PURSUANT TO THE CALIFORNIA GOVERNMENT CODE.

NON-DISTRICT VEHICLE

INSURANCE INFORMATION

INSURANCE CO. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON AT INSURANCE AGENCY THAT THE REPORTER SPOKE TO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCIDENT DATE TIME

LOCATION

WHICH POLICE AGENCY CALLED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER PARTY

NAME

ADDRESS

PHONE: HOME

WORK

DRIVER’S LIC. #

AUTOMOBILE YR & MAKE

LICENSE NUMBER

AREA OF DAMAGE

PRIOR DAMAGE

INSURANCE COMPANY

ADDRESS

TELEPHONE NUMBER

NUMBER OF PASSENGERS

INJURED

NAME AGE

ADDRESS

PHONE: HOME

WORK

NATURE OF INJURY

NAME AGE

ADDRESS

PHONE: HOME

WORK

NATURE OF INJURY

NAME AGE

ADDRESS

PHONE: HOME

WORK

NATURE OF INJURY

NAME AGE

ADDRESS

PHONE: HOME

WORK

NATURE OF INJURY

WITNESSES

NAME

ADDRESS

PHONE: HOME

WORK

NAME

ADDRESS

PHONE: HOME

WORK

NAME

ADDRESS

PHONE: HOME

WORK

NAME

ADDRESS

PHONE: HOME

WORK