

PLAZA ELEMENTARY SCHOOL
EMPLOYEE/VOLUNTEER PERSONAL VEHICLE USE FORM

Please fill out this form if you are planning on volunteering to drive on any field trips or sports events. Any forms returned will be kept on file for the entire school year.

This form must be filled out and approved annually.

NAME: _____ BIRTH DATE: _____

DRIVER'S LICENSE NO. _____ EXP. DATE: _____

YEAR/MAKE OF AUTO: _____

VEHICLE LICENSE #: _____

INSURANCE CARRIER/AGENT: _____ PHONE: _____

LIABILITY LIMITS: _____ POLICY #: _____

EXPIRATION DATE: _____

I certify that the above information is correct and the insurance coverage is in force. 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 the above vehicle is mechanically safe.

Owner of Vehicle Signature

Date

Driver Signature

Date

NOTE: If you drive your personal automobile while on District business and you are 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. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

I have read the above and approve the use of this vehicle for the purpose stated.

Superintendent/Principal

Date