

**SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT**

**VOLUNTEER DRIVER INFORMATION**

**DRIVER INFORMATION:** (please print)

**PLEASE CHECK:** Employee  Parent  Volunteer

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Driver's License Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**Please attach a current copy of Driver's License and Proof of Insurance.**

**VEHICLE INFORMATION:** (please print)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION:** (please print)

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Policy Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limits of Liability (PB 3541.3, minimum acceptable liability limit for privately owned vehicles is \$300,000 per occurrence)

BP 3541.3(d) I certify that I am volunteering the use of my car; that I have a valid driver's license and insurance coverage as specified in this policy, and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I further certify that my vehicle is safe and in good mechanical condition. I give my permission to allow Santa Monica Malibu Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles or a copy of driver's license indicating no restrictions have been imposed by the DMV or court must be attached.

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Driver Name (Please Print)

\_\_\_\_\_  
Verified by School Official