

BAKERSFIELD CITY SCHOOL DISTRICT  
Education Center – 1300 Baker Street  
Bakersfield, California 93305  
Human Resources

**AGREEMENT FOR VOLUNTARY USE OF PRIVATE AUTOMOBILE ON SCHOOL RELATED TRIPS**

**INSTRUCTIONS:** Read regulations on reverse side and complete this form which must be signed by both Driver and Site Administrator. **Please provide your Site Administrator with a current copy of the declarations page for your vehicle insurance.** Site Administrator shall forward original to Human Resources and retain two copies of completed, signed agreement including safety and emergency instructions and copy of the vehicle insurance declaration page. Keep one copy at site and give one copy to Driver to keep in vehicle.

**DRIVER INFORMATION**

Driver (circle one):                      Employee                      Parent/Guardian                      Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

School or Department (For employees only): \_\_\_\_\_

**VEHICLE INFORMATION**

Name of Owner: \_\_\_\_\_ Year: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Make/Model of Vehicle: \_\_\_\_\_

Vehicle Identification No. (VIN): \_\_\_\_\_ License Plate No.: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I desire to use my personal automobile while performing authorized services for the Bakersfield City School District during the fiscal year 20\_\_ - 20\_\_, under the terms and conditions of this agreement and the Policies and Procedures of the Board of Education which are made a part hereof by reference. I hereby certify that I am in compliance with the Compulsory Financial Responsibility Law for the state of California. Specifically, I certify that I have current, automobile insurance for the vehicle to be driven that meets the minimum standards of at least fifteen thousand dollars (\$15,000) for personal injury, or death, of any one person, and at least thirty thousand dollars (\$30,000) for injury to, or the death of, two or more persons in any one accident, and at least five thousand dollars (\$5,000) for damages to property resulting from an accident, and I agree to carry such insurance for the duration of this agreement. I further agree to notify the District in the event my insurance coverage is canceled or otherwise terminated and/or modified. I agree to comply with all Driver Instructions contained in this agreement. I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and the information given above is true and correct under penalty of perjury under the laws of the State of California.

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **DRIVER INSTRUCTIONS**

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Follow the most direct route to your destination and avoid any unnecessary stops.  
In case of emergency, keep all the children together and call 911 and the district's office.

### *References:*

School-Related Trips, BP 400.16  
Transportation, BP 1000.2