**MOUNTAIN VIEW LOS ALTOS**
**HIGH SCHOOL DISTRICT**
**Business Services**
**1299 Bryant Avenue, Mountain View, CA 94040**
**Phone: 650-940-4666 Fax: 650-961-1346**

# VOLUNTEER DRIVER - APPLICATION FOR APPROVAL

Only those parents, school district employees, or other adults who have been approved by the district may transport students to and from school activities in private or district-owned vehicles. Applicant agrees to transport students to school-sponsored events only ***after*** the district receives all required documentation and approves the application. **District policy does NOT permit students to drive other students to events**. **School district insurance does *not* provide bodily injury or property damage liability coverage for use of private vehicles**.

## Documents Required:

- Attach a clear copy of your current (within the last 30 days) **CA DMV Driver Record Report (DMV points acquired within the last 3 years automatically disqualify you to drive.)**
- Attach a clear copy of your **California driver's license**
- Attach a clear **copy of the page of your auto insurance policy** that shows your name, the policy number, and verification of ***current coverage amounts (minimum requirement is $100,000 / $300,000 in bodily injury liability)***
- Complete **this form** and sign the Hold Harmless statement below
- Return this form and all required paperwork to the address listed above

**Name (please print):** _____

**I am a:** *(select one)* **parent/community volunteer☐ teacher/coach☐ other district employee☐**

**Mailing address**: _____
*Street address* *City* *Zip*

**Phone:** _____ _____ _____
*Home Number* *Cell Number* *E-Mail Address*

***I WILL BE DRIVING FOR:***

**Location:** *(select all that apply)* **MVHS☐ LAHS☐ AV☐ Mentor Program☐ AdEd☐ Spec Ed☐**

**Club/Athletics/Field Trip:** *(be as specific as possible)*

_____ _____
_____ _____
_____ _____

**I WANT TO REMAIN ON THE APPROVED VOLUNTEER DRIVERS LIST UNTIL:** _____
**Date**

***HOLD HARMLESS:*** I hereby indemnify and hold harmless and release the Mountain View-Los Altos Union High School District, its Trustees, employees, volunteers, and authorized drivers from any and all liability for damage or bodily injury that may occur through the use of private transportation as specified above.

_____ _____
*Signature* *Date*

***Approval may be denied or cancelled at the discretion of District administration***

**RETURN THIS FORM TO THE ADDRESS ABOVE**
**AT LEAST ONE WEEK PRIOR TO DRIVING STUDENTS**

**Approved:** _____
**Expiration:** _____

Updated 1/3/17