

# DRIVERS OF VOLUNTEER VEHICLES

## Volunteers Transporting St. Johns County School District Students

School: \_\_\_\_\_

School Function: \_\_\_\_\_ Date: \_\_\_\_\_

As an employee, parent, or chaperone driving a personally owned vehicle on school-based trips, I understand and specifically acknowledge the following:

1. Driver must possess a valid Florida Drivers' License.
2. Driver must maintain auto insurance with policy limits of no less than 100/300/50.
3. All students must wear seat belts and the number of students transported will be limited by the specified capacity limits and corresponding seat belts provided.
4. Driver must have the names, addresses and phone numbers of all passengers.
5. Driver's vehicle must be in good repair.
6. Driver assumes personal financial liability and is responsible for loss and accidental damage to his/her own vehicle should an incident occur.

|                                |                         |   |
|--------------------------------|-------------------------|---|
| Drivers' Name (Print)          | KNT# or Employee        | Driver License Information<br>D/L# _____<br>Exp. Date _____ |
| Insurance Company and Policy # | Insurance Policy Limits | Policy Expiration Date                                      |

Signature of Volunteer Driver \_\_\_\_\_ Date \_\_\_\_\_

(Please forward COMPLETED form to Risk Management)