

CUYAMA JOINT UNIFIED SCHOOL DISTRICT

VOLUNTEER AUTHORIZATION FORM

A completed form must be submitted to the Principal or Athletic Director at least 5 days prior to services being performed.

Name: _____ Phone: _____ School Year: _____

Address: _____

Volunteer Services to Performed: _____

School: _____ Teacher/Coach: _____ Activity: _____

Have you ever been convicted of: Any crime other than minor traffic violations ___Yes ___No
Felony ___Yes ___No Child Abuse ___Yes ___No

If so, please explain in detail. Use an extra sheet of paper if necessary.

Education Code 35021 prohibits registered sex offenders from serving as volunteer aides. In accordance with Penal Code 290.4, the Department of Justice operates a "900" telephone number that the district may call to ask if an individual is a registered sex offender.

PUPIL TRANSPORTATION (Compete this section if you will be transporting students)

The district appreciates your contribution in providing pupil transportation. However, please be advised that the school district's liability policies do not protect you. The district strongly urges you to check with your insurance carrier to determine that you have sufficient liability and personal injury coverage prior to driving and/or using any vehicle to transport students.

In addition to this completed form, proof of insurance and a DMV printout dated within two months must be attached. A DMV printout can be obtained from the Department of Motor Vehicles, 1-800-777-0133.

Drivers cannot legally transport more than 9 students and the vehicle cannot be designed for seating more than 10 people, including the driver. (Must have a seatbelt for each passenger).

Date of Trip(s): _____ Destination: _____

Purpose of Trip(s) _____

Driver's License# _____ State Issued _____ Expiration Date _____

Auto Insurance Carrier Name: _____

Auto Insurance Agent Name & Phone _____

I will be driving: _____ my own vehicle _____ a district vehicle _____ a rented vehicle

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. I understand that if an accident occurs, my Insurance coverage shall bear primary responsibility for any losses or claims for damages.

Please reimburse me for my DMV printout

MY SIGNATURE CONSTITUTES AWARENESS OF THE SAFETY RULES AND THE COMPLETENESS AND ACCURACY OF THE STATEMENTS ON THIS FORM.

Signature of Volunteer: _____ Date: _____

Approved by Principal/Athletic Director: _____ Approved by: District Personnel Office: _____