YREKA UNION HIGH SCHOOL DISTRCT 400 PREECE WAY ~ YREKA, CA 96097 (530) 842-2521

EMPLOYEE DRIVER APPLICATION - Page 1 of 2 SAVE

Volunteer Driving District Vehicle

Site/De	partmentDriver Na	Driver Name				
Yreka L school a	Requirements Inion High School District acknowledges the need for responactivities and related business. To ensure that transportation manner, all drivers must comply with the following requiren	n services will be provided in a safe, efficient and cost				
2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	 a valid California driver's license, and have been continuously licensed for a minimum of 3 years. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle. No alcohol or drugs will be consumed prior to, or while operating the vehicle. The number of passengers shall not exceed the capacity for which the vehicle was designed. No one may transport more than nine passengers plus the driver in any vehicle. 					
I CERTIFY THAT I HAVE READ THE ABOVE DISTRICT REQUIREMENTS AND THAT I AM IN COMPLIANCE WITH THEM. Driver Name (Bright)						
Dilvei	lame (Print): Driver Signate:	nature:				
Address	s: D	river License #:cense Expiration Date:				
Telepho	one Number (Home) C	ell Phone #				
2. 3.	Copy of California Drivers License. Current H6 Motor Vehicle Report (10 year MVR) if you a Authorization for Release of Driver Record Information Valid Evidence of Insurance if you are an employee driv Volunteers driving a private vehicle must complete a Private vehicle must complete or private vehicle must complete and private vehicle must complete or private	(DMV Form INF 1101) if you are an <u>employee</u> . ring a private vehicle for business purposes.				

(Designated District Official)

Approved Driver:

Retain this original signed form in school file after approval.

1/2011

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EMPLOYEE DRIVER APPLICATION – Page 2 of 2 Required for employees using their private vehicle for business purposes.

Site/Departme	<u>nt</u>		Driver Name		
VEHICLE INFO	DRMATION:				
			Description of Auto		
Address:			Year:		
Telephone:			Number of Seatbelts:		
			License Plate No. Registration Expiration		
	Num	per of Booster/Child Re	estraint Seats, if applicable		
INCLIDANCE IN	NFORMATION:				
		insurance does not ext	end protection to the private	driver/employee/volunteer unless	
				emed such, the The Yreka Union	
				insurance. The The Yreka Union	
			sical damage for any private		
Minimum Dana					
Bodily Injury		pility Limits Required:		00 each occurrence	
Bodily Injury	\$300,000 each occur		ibilied Siligle Lillii 4000,0	oo each occurrence	
Property Damage	e \$ 50,000 each occurr				
Auto Incuranco	Company		Policy No.:		
Expiration Date	of Policy:		Folicy No		
zxpiration bate	- or r oney.		<u> </u>		
Liability Limits:	Bodily Injury:	\$	each pers	son	
•		\$	each occ	urrence	
	Property Damage:		each occ	urrence	
		~OR~			
	Bodily Injury and Pr		, Combined Single Limit		
		\$	each occ	urrence	
I CERTIFY THE	E INFORMATION PRO	VIDED IN THIS TWO	(2) PAGE EMPLOYEE DRI	VER APPLICATION IS TRUE	
				CE COVERAGE SHALL BEAR	
				BEST OF MY KNOWLEDGE, MY	
VEHICLE IS M	ECHANICALLY SOUN	ID.			
		Sign:			
	(Driver-Applicant)		r-Applicant)		
		Date:			
******	*******	*********	*****		
Approved Driv	ver and Vehicle:				
Date:	tte: (Designated Yreka Union High School Official)				
Retain this original	Retain this original signed form in school file after approval.				