

SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT

VOLUNTEER DRIVER REQUIREMENTS

I understand that I shall assume responsibility for the students I transport while serving as a volunteer driver, and agree to the following:

1. I will assume supervisory responsibilities for student control to and from activities.
2. I will not drive with any alcohol or illegal substance in my system while acting as a volunteer driver.
3. I will follow posted speed limits, will not use a cell phone while driving, will not smoke in the vehicle, will follow all other applicable laws and regulations regarding the operation of a motor vehicle, and will ensure that each child wears a seat belt at all times that the vehicle is moving.
4. I understand that I must have a current (less than 3 years old) satisfactory CORI (Criminal Offender Record Information) on file with the school district in order to be a volunteer driver.

Valid License Number: _____

Have you been cited for any moving Traffic Violations in the last year? ___ NO ___ YES

If yes, please explain. Indicate number of violations and circumstances below: (attach additional sheet if necessary)

Signature

Date

VEHICLE INSURANCE – ALL DRIVERS USING THEIR OWN VEHICLE MUST COMPLETE THIS SECTION IN ADDITION TO THE TOP SECTION AND PROVIDE A COPY OF THEIR VEHICLE REGISTRATION

The driver’s automobile insurance policy provides primary coverage in case of an accident up to the amount of the insured coverage. The school district’s insurance provides secondary coverage for liability only after the driver’s own personal automobile policy has responded as primary coverage. The school district insurance does not cover physical damage, such as collision or comprehensive.

1. I certify that the vehicle is in safe operating condition, and that it is in compliance with all applicable motor vehicle requirements.
2. I understand that my own automobile insurance will always be considered as primary coverage, as noted below.

Make and Model of Vehicle: _____

License Plate Number: _____

Number of passenger seats with seatbelts: _____

Signature of Driver

Date

AUTHORIZATION TO OBTAIN DRIVER HISTORY MOTOR VEHICLE REPORT

I, _____, hereby authorize, the Southern Berkshire Regional School District and their insurance representatives to obtain a copy of my Motor Vehicle Report (MVR) regarding my driving history and current status of my Massachusetts driver’s license. This authorization shall remain in effect for the duration of my employment, service as a volunteer or chaperone for a school function requiring use of school vehicles, and for community functions requiring use of school vehicles.

Signature of Driver

Date

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER’S LICENSE AND VEHICLE REGISTRATION IF APPLICABLE