



# SAN JOSE UNIFIED

## NEW VOLUNTEER DRIVER

### PACKET

VOLUNTEER DRIVER'S NAME: \_\_\_\_\_

STUDENT NAME /ID# \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SPORT/ACTIVITY: \_\_\_\_\_

STUDENT NAME /ID# \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SPORT/ACTIVITY: \_\_\_\_\_

STUDENT NAME /ID# \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SPORT/ACTIVITY: \_\_\_\_\_

STUDENT NAME /ID# \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SPORT/ACTIVITY: \_\_\_\_\_

**PLEASE FOLLOW CHECKLIST INSTRUCTIONS. VOLUNTEER DRIVER PACKETS WILL NOT BE PROCESSED UNLESS IT CONTAINS ALL REQUIRED DOCUMENTS.ALLOW (10) BUSINESS DAYS TO PROCESS.**

Thank you for your interest in volunteering to transport San Jose Unified students using your personal vehicle. It is only necessary to complete one SJUSD volunteer driver packet. Any adult transporting students for school sponsored trips/athletics must complete the Volunteer Driver Packet

The following year and thereafter you will need to complete a Returning Volunteer Driver Packet. Risk Management will notify the school sites when driver authorization has been completed. Volunteers will be notified by email or Parentlink when expiration of driver's license, car registration, and/ or auto insurance expires. If you have any questions you may contact the secretary at your child's school, or Risk Management at 408-535-6510, Included in the packet are two checklists, one for Non- Employee/ parents and one for employees/coaches. Follow the instructions that pertain to you.

### **CHECKLIST FOR NON-EMPLOYEE/PARENTS**

- Read the Volunteer Driver Instructions Form and Insurance Notice to Volunteer Drivers as determined by California Ed. Code, San Jose Unified Board Policy, California Vehicle and Health and/or Safety Codes.
- Provide proof of automobile insurance coverage with a limit of not less than \$100,000 injury/death to one person and \$300,000 injury/death to more than one person. This can be found on the declaration page of your policy.
- Provide copy of insurance identification card with expiration date.
- Provide copy of car registration.
- Provide copy of **BOTH** sides of driver's license.
- Provide an official DMV documentation of your driving record for a minimum of the last three years. The K4 (3 year history) may be obtained in two ways:

**Option 1:** Complete INF1125. Write your driver license number, plate, or VIN on the front or the back of your \$5 check. At the top of the form write "**requesting CERTIFIED driver record**" and mail the form and check to the DMV headquarters address on the form. This may take several weeks so plan accordingly.

**Option 2:** Complete the INF1125, go to any DMV field office to request the official report in person and pay \$5.

- Complete, date and sign the Volunteer Driver Registration Form.
- Return the completed pages 1 and 5, along with the copies of auto insurance policy and limitations, DMV driver records (K4), car registration, and driver's license to the school secretary.

## CHECKLIST FOR EMPLOYEES/COACHES

- Read the Volunteer Driver Instructions Form and Insurance Notice to Volunteer Drivers as determined by California Ed. Code, San Jose Unified Board Policy, California Vehicle and Health and/or Safety Codes.
- Obtain the 10-year DMV Driver History Record (H6), and include it with the completed packet. To obtain an H6 printout of your driver record, you must visit the DMV in person. Make an appointment for faster service. There is no form to fill out but you must provide your current driver's license with your verbal request along with \$5. Report must be printed within the last 30 days of packet submission.

Please make sure that the document you receive is an H6 document. The first line of data below the heading should have H6 printed immediately before your DL#.

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CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
***CUSTOMER RECEIPT COPY***
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST
08/25/14

DAD99933668H6N1234567
DATE: 08-25-14 TIME: 08:12*
DL/NO: N1234567 *B/D: 11/11/1985 NAME: JANE DOE*
ADDR AS OF 01-27-14: 1234 NORTH ALMADEN ROAD, SAN JOSE 95120*CC: 43*
OTH/ADDR AS OF 08-07-07: 1234 MAIN STREET, SAN JOSE*
AKA: JANE SMITH*
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- Provide proof of automobile insurance coverage with a limit of not less than \$100,000 injury/death to one person and \$300,000 injury/death to more than one person. This can be found on the declaration page of your policy.
- Provide copy of car registration.
- Provide copy of insurance identification card with expiration date.
- Provide copy of **BOTH** sides of driver's license.
- Complete the DMV Employer Pull Notice Program form. Once an employee /coach have been enrolled in the Pull Notice Program, an annual H6 is no longer required. Employees enrolled in the DMV Pull Notice, or Employer Pull Notice (EPN) program, authorize SJUSD Transportation Services to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against the employee's driving privilege.
- Complete, date and sign the Volunteer Driver Registration Form.
- Return the completed pages 1, 5 and 6 along with the copies of auto insurance policy and limitations, DMV driver records (K4), car registration, and driver's license to the school secretary.

## SAN JOSE UNIFIED VOLUNTEER DRIVER INSTRUCTIONS

- 1.) All volunteers drivers must be 21 years of age or older, possesses a valid California driver's license, or, if he/she is a nonresident on active military duty in California, possess a valid license from his/her state of residence. To be approved, a driver shall have a good driving record.
- 2.) The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed. Trucks may not transport more persons than can safely sit in the passenger compartment. The driver shall ensure that the manufacturer's recommendations for his/her vehicle are followed regarding the seating of children in seats equipped with airbags.
- 3.) The driver or any other person shall not smoke or have in his/her immediate possession a lighted pipe, cigar, or cigarette containing tobacco or any other plant when there is a minor in the motor vehicle, whether the motor vehicle is in motion or at rest. (Health & Safety Code 118948)
- 4.) All drivers shall wear safety belts and shall ensure that all passengers are properly secured in seat belts or child passenger restraint systems in accordance with law. (Vehicle Code 27315, 27360, 27360.5, 27363)
- 5.) A child who is under age 8 shall be properly secured in a rear seat in an appropriate child passenger restrain system meeting federal safety standards, except under any of the following circumstances: (Vehicle Code 27360, 27363) a) The child is less than 4 feet 9 inches or taller, in which case a safety belt may be used, b) Use of a child passenger restraint system would be impractical by reason of physical unfitness, medical condition, or size and an appropriate special needs child passenger restraint by system is not available, c) There is no rear seat, the rear seats are side facing jump seats were rear facing seats, child passenger restraint system cannot be installed properly in the rear seat, are already occupied by children under eight years for medical reasons necessitate that the child not ride in the rear seat, and d) the child is otherwise exempted by law.
- 6.) All traffic laws must be obeyed.
- 7.) Take the most direct route to the destination without unnecessary stops.
- 8.) Transport only students whose parents/guardians have given advance written permission to the school.
- 9.) In case of emergency, keep all students together; call 911, and the school office.
- 10.) Vehicle is maintained in safe working order.
- 11.) The use of alcohol, controlled substances and medications that could impair the driver's ability to operate the vehicle in a safe manner is strictly prohibited.

## SAN JOSE UNIFIED INSURANCE NOTICE TO VOLUNTEER DRIVERS

As a volunteer driver, I understand that by using my automobile for transporting students on field trips, athletic events, and/or school sponsored events I am exposing myself to liability for injury to passengers in my vehicle. I realize there is a possibility of an accident occurring, and in the event of injury to any of the occupants of my car, I understand that I, and/or my insurance company may be liable. I understand also that the San Jose Unified School District does not provide insurance coverage for volunteer drivers either in place of, or supplementary to my personal automobile liability insurance or any physical damage that could occur to my vehicle. San Jose Unified insurance protects the District **only** in the event it should be named as a defendant.





A Public Service Agency

### EMPLOYER PULL NOTICE PROGRAM

## AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

Employee/Coach Section

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, \_\_\_\_\_

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE _____	SIGNATURE OF EMPLOYEE <b>X</b>
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This section for Transportation Department use only

I, \_\_\_\_\_, of \_\_\_\_\_, AUTHORIZED REPRESENTATIVE \_\_\_\_\_, of \_\_\_\_\_, COMPANY NAME \_\_\_\_\_

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE <b>X</b>
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**

INF 1101 ENGLISH (REV 5/2004) WWW

Parent Volunteer Driver DMV Request for K4 (3 year driving record)

Refer to page 2, bullet 6 for detailed instructions.



**REQUEST FOR YOUR OWN  
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)  
OR  
VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD  
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.  
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD  
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

**REQUESTER'S INFORMATION PLEASE PRINT CLEARLY**  
FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE DATE

X

Check box(es) for type of record(s) you are requesting.

<input type="checkbox"/> DRIVER LICENSE/ID RECORD <b>(Complete boxes A &amp; B)</b>	<input type="checkbox"/> VEHICLE/VESSEL REGISTRATION RECORD <b>(Complete boxes C &amp; D)</b>
A. CALIF. DRIVER LICENSE/ID NUMBER	C. CALIF. LICENSE/CF NUMBER
B. BIRTH DATE (MO/DAY/YR)	D. VEHICLE/VESSEL ID NUMBER

**DMV USE ONLY**

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles  
P. O. Box 944247 MS G199  
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.  
Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 11/2000) WWW — También disponible en español —