



## Ojai Unified Volunteer Application Packet

Thank you for your interest in becoming a volunteer with Ojai Unified School District. Volunteers are an integral part of the classroom and we encourage parents and community members to get involved. Please review the following guidelines for **Visitors** and **Volunteers** in order to complete your application.

A **Visitor** is defined as someone who:

- Observes the child's class and remains under the supervision of a teacher at all times
- Assists in activities under DIRECT supervision of a district certificated employee less than twice per month
- Assists with chaperoning athletic events with very limited contact with students
- Assists in one-time activities such as guest speaking, job-shadowing, or chaperoning dances
- Observes classes through a university-approved program
- Attends school field trips and has oversight only over their own child

**Visitors check-in at the school site with a valid driver's license or state-issued ID.**

A **Volunteer** is defined as someone who:

- Has direct contact with students and may be alone with students on a school field trip
- Volunteer coaches regardless of the number of hours served
- Has direct contact with students and may be the sole adult with students in a classroom or other school-related activities on or off school grounds
- Assists in the classroom or other school activities more than twice per month
- Serves as an overnight chaperone

There are several levels of volunteers. The chart below shows the requirements for each level.

<b>Volunteer Application</b>	<b>Megan's Law Search</b>	<b>TB risk Assessment</b>	<b>Fingerprints</b>	<b>Target Solutions Training</b>
<b>Tier One Volunteer</b> Classroom or Parent volunteer less than 5 hours per month, day field trip chaperone not driving other students				
X	X	X		
<b>Tier Two Volunteer</b> Classroom or Parent volunteer more than 5 hours per month				
X	X	X	X	
<b>Tier Three Volunteer</b> Overnight field trip				
X	X	X	X	X
<b>Volunteer Drivers</b>				
X	X	X		
Also need: Personal Vehicle Use Form, DMV check, Copy of Insurance				

**Thank you again for supporting our schools!**

# Tier One Volunteer

Volunteer Application

Copy of ID

Volunteer Last Name, First Initial \_\_\_\_\_



## Ojai Unified School District

414 East Ojai Avenue, Ojai, CA. 93023 (805) 640-4300 \* www.ojaiusd.org

### Volunteer Application Form

School where you wish to volunteer: \_\_\_\_\_ Teacher/Supervisor: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Volunteer Activities Anticipated: \_\_\_\_\_

#### **Background/Security Information:**

Have you ever been convicted of or are you awaiting trial for any sex offense or any felony involving controlled substances?  Yes  No

Have you ever been convicted of or are you awaiting trial for any crime?  Yes  No

If you answered **YES** to the above questions, please attach a complete and accurate explanation of the circumstances to this form. An answer of **YES** will not necessarily disqualify you from volunteering. Any information provided in connection with a **YES** response will be kept confidential.

**Acknowledgement of District Policies Regarding Abuse:** Abuse of any type will not be tolerated. Ojai Unified School District will cooperate with law enforcement and other public agencies if allegations of abuse are made and investigated.

By signing below, I formally acknowledge and agree to the following:

1. I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or an adult, nor have I ever been convicted of these acts. ***I understand and agree to a Megan's Law screening as described below.***

2. I have read, understand, and agree to comply with the Ojai Unified School District Volunteer Rules and Expectations as outlined.
3. I will cooperate with any investigation of a possible violation of policies and rules by providing complete and truthful information in an oral and/or written statement.
4. I understand that a record of my acknowledgement of these policies will be kept on file by the Ojai Unified School District.

**CONDITIONS:**

- 1) All volunteers performing tasks must have approval of the Ojai Unified School District
- 2) All accidents/injuries must be reported immediately to the supervisor of the volunteer.
- 3) The volunteer does not have the legal right or responsibility to act on behalf of an assigned certificated staff member on instructional matters.
- 4) Volunteers are to refer all discipline situations or problems to the Principal.
- 5) Approved volunteers are not employees of the Ojai Unified School District and are not entitled to medical insurance or other benefits provided to employees of the Ojai Unified School District.
- 6) List any physical limitation you may have which you feel might be aggravated or would limit your ability to perform the above stated type of work, or may feel the need for accommodation: \_\_\_\_\_
- 7) Read and sign the ***Rules and Expectations for Volunteers found below.***

*I HAVE READ THE ABOVE INFORMATION AND AGREE TO THE CONDITIONS SET FORTH BY THE OJAI UNIFIED SCHOOL DISTRICT. I certify that all statements made on this registration form and any attachments are true and complete to the best of my knowledge, and authorize investigation of all statements herein recorded.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
School Site

Other Names you have used: \_\_\_\_\_

***\* Please provide a copy of your Driver's License or other picture identification card to the School Office Manager \****

## **Rules and Expectations For Volunteers:**

1. The District is committed to equal opportunity for all individuals in education. District programs, activities, and practices shall be free from discrimination based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, genetic information; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.
2. Students, staff and volunteers will be treated fairly and with respect at all times.
3. Volunteers will not swear or tell off-color jokes.
4. Volunteers are expected to maintain confidentiality and abstain from complaints or personal judgments about specific students, staff or volunteers.
5. Volunteer drivers will stay with the group the entire time.
6. Volunteers will not discuss with students their sexual encounters or involve them in their personal problems or issues.
7. While helping to support the district, school, or class volunteers will follow discipline procedures set forth by the teacher and school.
8. Volunteers will not use or be under the influence of alcohol or illegal substances.
9. Volunteers will not have sexually oriented materials, including printed or Internet pornography, in the presence of students.
10. Volunteers will not have secrets with students.
11. Volunteers will dress conservatively and avoid wearing provocative or revealing attire.
12. Volunteers will not stare or comment on a student's body.
13. Volunteers will adhere to uniform standards of affection and shall avoid affection that cannot be observed.
14. Volunteers shall not abuse students in any way including the following:
  - a. Physical abuse: hitting, spanking, shaking, slapping, using unnecessary restraints
  - b. Verbal abuse: degrade, threaten, curse
  - c. Sexual abuse: inappropriate touching, exposing oneself, sexually oriented conversations
  - d. Mental abuse: shaming, humiliation, cruelty
  - e. Neglect: withholding food, water, shelter
15. Volunteers will report concerns or complaints regarding staff or students to the Superintendent who may be reached at (805) 640-4300 x 1011.
16. Volunteers for the Ojai Unified School District may not have engaged in or have been convicted of child abuse or indecency with a minor. ***A Megan's Law screening will be performed on the California Department of Justice sex offender locator site.***

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*Volunteer Signature*

# Tier Two Volunteer

Volunteer Application

Copy of ID

TB Risk Assessment

Fingerprints



# California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.<sup>^</sup>
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**  
*For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.*

Name of Person Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## History of Tuberculosis Disease or Infection (Check appropriate box below)

**Yes**

- If there is a **documented** history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

**No** (Assess for Risk Factors for Tuberculosis using box below)

## TB testing is recommended if any of the 3 boxes below are checked

**One or more sign(s) or symptom(s) of TB disease**

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

**Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

**Close contact** to someone with infectious TB disease during lifetime

**Treat for LTBI if TB test result is positive and active TB disease is ruled out**

<sup>^</sup>The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).



## Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

**First and Last Name** of the person assessed and/or examined:

\_\_\_\_\_

**Date** of assessment and/or examination: \_\_\_\_\_mo./\_\_\_\_\_day/\_\_\_\_\_yr.

**Date of Birth:** \_\_\_\_\_mo./\_\_\_\_\_day/\_\_\_\_\_yr.

**The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.**

X \_\_\_\_\_

Signature of Health Care Provider completing the risk assessment and/or examination

**Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):**



## California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



### What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

### For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

### Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

### What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

### What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

### Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association  
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email [csno@csno.org](mailto:csno@csno.org)  
<http://www.csno.org/>

# Livescan Express

Fingerprinting service in Ventura, California

**Address:** 5450 Ralston St #106, Ventura, CA 93003

**Hours:**

**Open** · Closes 5PM

Updated by business 2 weeks ago

**Phone:** (805) 339-0422

PLEASE BE SURE TO CALL FIRST – THEIR HOURS MAY VARY



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AD471

ORI (Code assigned by DOJ)

**CLASSIFIED Volunteer**

Authorized Applicant Type

**CLASSIFIED PUBLIC SCHOOL**

Type of License/Certification/Permit OR Working Title (Maximum 30 characters- if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Ojai Unified School District

Agency Authorized to Receive Criminal Record Information

A 03357

Mail Code (five-digit code assigned by DOJ)

PO Box 878

Street Address or P.O. Box

Angie Genasci X1041

Contact Name (mandatory for all school submissions)

Ojai

City

CA 93024

State ZIP Code

(805) 640-4300

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 140551

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed





## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

COPI

COPI



# Tier Three Volunteer

- Volunteer Application
  - Copy of ID
  - TB Risk Assessment
  - Fingerprints
  - Target Solutions Training
- Overnight Field Trip Form and Signature  
(if applicable)



# ***Ojai Unified School District***

414 East Ojai Avenue, Ojai, CA 93023 (805) 640-4300 • [www.ojaiusd.org](http://www.ojaiusd.org)

## **Overnight Field Trip**

1. Ensure adequate and proper supervision is available. All chaperones and supervisors are to be at least 21 years of age or older.
2. Co-ed overnight activities require male and female chaperones and supervisors.
3. At least one (1) supervisor must be a District employee.
4. All chaperones/supervisors are to be from within the District or immediate family members of the students involved.
5. All chaperones/supervisors are to complete a "Community Volunteer Permission Form" prior to the activity.
6. All chaperones/supervisors are to complete the Armatus Online Training prior to overnight activities.
7. The recommended ratio is one (1) adult to eight (8) students. If a student group contains both boys and girls, there should be at least one (1) chaperone for each sex.
8. Chaperones will be asked to obtain a Livescan, which will be run through the California Department of Justice/FBI to check for criminal activity. The Volunteer shall pay for the cost of the Livescan.
9. Each vehicle must have at least one (1) chaperone.
10. Students may not operate any vehicle while engaged in a school activity.
11. Male and female chaperones and supervisors are to sleep in separate rooms.
12. Adults and students are to sleep in separate rooms, unless the adult is a parent of the student unless the school approves other arrangements.
13. Where curfew and room checks need to be established, students are to be made fully aware of the procedure to be used and what is expected of them.
14. Chaperones are responsible to exercise reasonable supervision of students at all times. Reasonable supervision is defined as being within sight of the students, where feasible; in knowing the students' whereabouts at all times; and in being in close proximity to the students.
15. Hold harmless or parent permission slips should be obtained, when applicable, and should indicate who to contact in the event of an emergency. For overnight trips, a copy of the emergency care card shall be furnished to the lead chaperone.
16. All school rules apply while students are attending an off-campus event (no drugs, alcohol, tobacco, etc.). Chaperones will also refrain from drinking alcoholic beverages.

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***Volunteer Signature***

# Volunteer Driver

Volunteer Application

Copy of ID

Personal Vehicle Use Form

Copy of Insurance

DMV Check

# PERSONAL VEHICLE USE REGISTRATION FORM

## VEHICLE USE

District Ojai Unified School District	Destination
Start Date	End Date

## DRIVER

Driver Name	Birth Date
Street Address	Telephone #
Driver License #	Expiration Date
Driving Restrictions	

## VEHICLE

Year/Make of Auto	Model	Vehicle License #
Insurance Carrier	Agent	Telephone #
Policy Number	Policy Expiration Date	Assigned Risk Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile Liability (Each Person) \$	Automobile Liability (Each Accident) \$	Property Damage \$

**NOTE:** If you drive your personal automobile for approved District purposes and you are involved in an accident, by law your liability insurance policy is used first. (California Vehicle Code section 17150) The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

A person driving their personal automobile for approved district purposes will be responsible for any costs associated with moving violations and parking violations incurred during such driving.

## ACKNOWLEDGEMENT

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe, and that I have read and understand the District Personal Vehicle Use Policy.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

## SCHOOL/SITE APPROVAL

I have read the above and approve the use of this vehicle for the purpose stated.

\_\_\_\_\_  
School or Site Administrator Signature

\_\_\_\_\_  
Date

## PERSONAL VEHICLE USE INSTRUCTIONS

Drivers and private vehicles being operated for District purposes must meet or exceed the following guidelines:

1. All drivers, employees and volunteers, must be approved by the School or Site administrator.
2. Each driver must:
  - a. Possess a valid driver license.
  - b. Be at least 21 years of age
3. Use of appropriate Vehicle Form must be completed and on file before each trip is taken.
  - a. District employees must complete a new form at the beginning of each semester.
  - b. Proof of insurance must be attached to this form.
  - c. A copy of a valid driver license must be attached to this form.
4. The driver must own the vehicle in use, unless the vehicle is rented.
5. All drivers will enforce reasonable travel speed in accordance with federal, state, and local laws in all motor vehicles.
6. All drivers are to obey all laws regarding electronic wireless communication, including but not limited to: telephone calls, writing, sending, or reading text messages, instant messages, and e-mail messages.
7. No adult may smoke or otherwise use tobacco products, alcohol, or drugs while there are minors in the vehicle.
8. Prior to departure, the driver shall be instructed as follows:
  - a. Inspect the vehicle for safety: tires, brakes, lights, horn, etc.
  - b. Follow and enforce all safety recommendations of the vehicle manufacturer.
  - c. Follow the most direct route, and avoid unnecessary stops.
  - d. Do not carry non-District personnel, non-students, or other “guests” as passengers.
9. The vehicle must not be designed, used, or maintained to carry more than 10 passengers including the driver. Otherwise, a commercial driver license is required, and the vehicle must be a school bus or student pupil activity bus as defined in the Vehicle Code.
10. In no case shall the number of passengers, including driver, exceed the number of available seat belts.
  - a. Drivers must ensure that required seat belts and/or child passenger restraint systems are properly used. Child passenger restraint systems are required for children under eight (8) years of age *or* under 4 feet, 9 inches in height.
  - b. All passengers eight (8) years of age and older must wear his/her own seat belt. Seat belts are not to be shared.
  - c. Passengers will only ride in the cab if trucks are used.
11. All vehicles must be covered by liability insurance. Recommended automobile liability insurance coverage limits are:  
Each Person: \$100,000      Each Accident: \$300,000
12. The site administrator/program director or designee must approve in advance trip routes to points outside of the District in excess of 25 miles, or points outside Ventura County.
13. The limit on the distance of transporting students in private vehicles shall be a radius of 200 miles.
14. Use of personal vehicles where hazardous road conditions exist is prohibited. This includes hazardous conditions declared by California Highway Patrol, or other City, County, State, or Federal agencies authorized to monitor road conditions.

# DMV Records Request

1. Start by going to <https://www.dmv.ca.gov/portal/customer-service/request-vehicle-or-driver-records/online-driver-record-request/>  
(you can also search DMV record request)
2. Print your record or email a PDF to the school

## Before you begin...

- 1 Have your printer on and ready; you will only have **one** opportunity to print your record after your fee is paid.
- 2 Be prepared to create an online account (if you have never done so on this site).
- 3 Be prepared to pay the \$2 fee.
  - All credit/debit card transactions include an additional 1.95% payment processing fee.
  - If paying directly from your bank account, there are no additional fees.