

LODI UNIFIED SCHOOL DISTRICT

VOLUNTEER DRIVER APPLICATION

Transporting Students in a Private Vehicle

Exhibit 3541.6 B

School Site: _____

Department/Teacher: _____

Student Name: _____

Activity: _____

This application is not complete without the following documents.

Valid Driver License

Current Vehicle Registration(s)

Fingerprinting clearance

Proof of vehicle insurance with minimum required limits

DRIVER INFORMATION:

Name: _____

Address: _____ City/Zip: _____

DOB: _____ Driver's License #: _____ Exp.: _____

Home #: _____ Cell #: _____ Work #: _____

DRIVER HISTORY:

_____ Have you ever been convicted for driving while intoxicated or under the influence (DWI/DUI)? If yes, please explain below, including incident date(s). If not, please note N/A or None.

_____ Have you ever had your license suspended or revoked? If yes, please explain below, including incident date(s). If not, please note N/A or None.

_____ Within the last 5 years, have you been involved in any vehicular accident(s) while driving, regardless of fault? If yes, please explain below, including incident date(s). If not, please note N/A or None.

INSURANCE INFORMATION

Company Name: _____ Phone #: _____

Contact Name: _____ Policy #: _____ Exp.: _____

VEHICLE INFORMAITON

	Vehicle #1	Vehicle #2	Vehicle #3
Year			
Make/Model			
License Plate #			
Registration Expiration			

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