

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT**  
**School Related Trips**  
**VOLUNTEER AUTOMOBILE TRANSPORTATION FORM**

<b>TTUSD</b> <b>Verification</b> (Please initial each area upon verification)
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**SCHOOL** \_\_\_\_\_ **SCHOOL YEAR** \_\_\_\_\_

The Tahoe Truckee Unified School District recognizes the importance of out-of-classroom learning experiences and, hence, encourages educational study trips. The District will continue to make every effort to provide transportation whenever possible, but there are times when vehicles and/or personnel are not available. At these times, the District asks parents to help provide transportation.

..... **DRIVER INFORMATION (Must be 25+)** .....

(Circle One)    **EMPLOYEE**                      **PARENT/GUARDIAN**                      **VOLUNTEER**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Driver's License No. & State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

..... **VEHICLE INFORMATION** .....  
 Must Be Verified by Viewing Vehicle

**Name of Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**License Plate No. & State:** \_\_\_\_\_ **Registration Expires:** \_\_\_\_\_

**Seating Capacity:** \_\_\_\_\_ **My Vehicle is in safe working condition (Initial)** \_\_\_\_\_

..... **INSURANCE INFORMATION** .....

**Insurance Company:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Liability Limits of Policy:** \_\_\_\_\_ **Copy Provided:** \_\_\_\_\_

**Note:** Combined single liability of \$100k required 100/300/50

**DRIVER STATEMENT**

I certify that I do not have a total of two or more points on my current driving record with the Department of Motor Vehicles. I have not been convicted of reckless driving or under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages. I hereby waive all claims against Tahoe Truckee Unified School District for injury, accident, illness, or death occurring during, or by reason of, this field trip or excursion. **I certify that all the above is true and correct, and that I will ensure that all children will be restrained using the appropriate passenger restraint systems.**

**Driver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TTUSD Verification Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_