

# St. Johns County School District

## VOLUNTEER DRIVERS – PRIVATE VEHICLES / RENTAL VANS

Volunteers Transporting St. Johns County School District Students

**School:** \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a driver on school-based trips, I understand and specifically acknowledge the following:

1. Driver must possess a valid Florida Drivers' License.
2. Driver must be an approved SJCS D volunteer, employee or adjunct coach.
3. Driver must maintain auto insurance with policy limits of no less than 100/300/50 (bodily injury liability per person/per occurrence/property damage *(This does not apply to rental vans driven by school district employees and adjuncts.)*)
4. All students must wear seat belts, and the number of students transported will be limited by the specified capacity limits and corresponding seat belts provided.
5. Driver must have the names, addresses and phone numbers of all passengers.
6. Driver's vehicle must be in good repair.
7. Driver assumes personal financial liability and is responsible for loss and accidental damage to his/her vehicle should an incident occur. *(This does not apply to rental vans driven by school district employees and adjuncts.)*

<b>Email Address</b>	<b>KNT# or Employee ID#</b>	<b>Driver License Information</b>  D/L# _____  Exp. Date _____
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<b>Insurance Company and Policy #</b>	<b>Insurance Policy Limits</b>  \$ _____ Bodily Injury (per person)  \$ _____ Bodily Injury (per accident)  \$ _____ Property Damage	<b>Policy Expiration Date</b>
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\_\_\_\_\_ **Copy of Florida Valid Driver License**

\_\_\_\_\_ **Copy of Insurance Declarations page showing policy limits and expiration date (NOT insurance card)**

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

*Please forward COMPLETED form and documents to Risk Management  
Email: [sjcsd.risk@stjohns.k12.fl.us](mailto:sjcsd.risk@stjohns.k12.fl.us)*