

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
VOLUNTEER DRIVER INFORMATION**

| | | | |
|--|------|-------|----------|
| DRIVER INFORMATION: (PLEASE PRINT) | | | |
| Name: _____ | | | |
| Address: _____ | | | |
| Street | City | State | Zip Code |
| Phone number: _____ | | | |
| Driver's License Expiration Date: _____ State of License _____ | | | |
| <i>Attach a current copy of your Driver's License.</i> | | | |
| VEHICLE INFORMATION: (PLEASE PRINT) | | | |
| Make: _____ Model: _____ Year: _____ | | | |
| Vehicle License Plate Number: _____ | | | |
| Registered Owner: _____ Phone Number: () _____ | | | |
| Address: _____ | | | |
| Street | City | State | Zip Code |
| INSURANCE INFORMATION: (PLEASE PRINT) | | | |
| Insurance Carrier: _____ | | | |
| Insurance Agent: _____ Phone Number: () _____ | | | |
| Address: _____ | | | |
| Street | City | State | Zip Code |
| Policy Number: _____ | | | |
| Date Issued: _____ Expiration Date: _____ | | | |
| Limits of Liability: _____ | | | |

I certify that the information on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the *California Vehicle Code* on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects that could impose a danger while transporting students.

I give my permission to all the Manhattan Beach Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.

Name – Signature

Date

Name – Please Print