



Tri-County Schools Insurance Group

400 Plumas Boulevard, Suite 210 • Yuba City, CA 95991
(530) 822-5299 • Toll-Free (866) 822-5299 • Fax (530) 822-5284

Volunteer Driver Information

Driver Information *(please print)*

Name: _____

Address: _____

Street City State Zip Code
Driver's License(#/State): _____ / _____ DOB: ____/____/____ Expiration: _____

Attach a current copy of Driver's License, Vehicle Registration and proof of at least \$100,000 per person/\$300,000 per accident bodily injury and \$50,000 per person property damage minimum insurance coverage in effect on any vehicle used to transport students.

Vehicle Information *(please print)*

Make: _____ Model: _____ Year: _____

License Plate No.: _____ Registered Owner: _____ Phone: () _____

Address: _____
Street City State Zip Code

INSURANCE INFORMATION: *(please print)*

Carrier: _____ Agent: _____ Phone: _____

Address: _____
Street City State Zip Code

Policy Number: _____ Date Issued: _____ Expiration Date: _____

Limits of Liability: _____

I certify that the information given 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 \$100,000 per person/\$300,000 per accident bodily injury and \$50,000 per person property damage minimum insurance coverage in effect 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 which could impose a danger while transporting students. **I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION (California Education Code 35330 and 5 CCR 55220).**

Name: _____ Signature: _____ Date: _____
(please print)

SUHSD Office Use Only 

Date Received: _____

___ Approved ___ Denied