

**HARNEY COUNTY SCHOOL DISTRICT #3  
EMPLOYEE/VOLUNTEER DRIVER USE OF PERSONALLY OWNED VEHICLES**

The District may ask employees or volunteers to use personally owned vehicles on behalf of the District. This may include such things as transportation of students for student activities, picking up goods/supplies or whatever may be necessary. This form is to be read and signed by all individuals who drive their vehicles on behalf of the District. The undersigned driver(s) offers the use of their vehicle and agrees to all terms and conditions as outlined.

- Students are not allowed to drive for these activities. (Drivers must be 21 years of age and have signed this form.)
- Students must be transported in vehicles with seat belts fastened at all times. The owner of the vehicle will be responsible for keeping the vehicle in safe working order with adequate and legal seat restraints.
- No vehicle with designated capacity greater than 10 passengers (including driver) will be used to transport students for any school activity.
- Any transportation needs requiring vehicle capacity of more than 10 passengers (including driver) must be secured through the District's contracted transportation provider.
- The driver will obey all State Driving Laws, including the speed limit. The owner is responsible for injury to passengers and others as a result of any accident.
- HCSD #3 assumes no liability for damage to the vehicle driven, nor for any other incident related to the use of this vehicle while on the student activity. HCSD #3's liability coverage is secondary to the liability and medical coverage that must be carried by the owner of the vehicle.
- Copy of current driver's license and insurance card must be submitted with volunteer driver form.

**School Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Primary Driver:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Driver License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Secondary Driver:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Driver License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Vehicle Year** \_\_\_\_\_, **Make** \_\_\_\_\_, **License Plate Number** \_\_\_\_\_

Number of Seat Belts in this vehicle \_\_\_\_\_

**Insurance Company** (not agent name) \_\_\_\_\_

**Insurance Policy Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Insurance Policy Limits** for Liability/Property Damage: \_\_\_\_\_

**Insurance Policy Limits** for Medical: \_\_\_\_\_

*This form is valid until your Insurance Policy expires. A copy of the insurance declaration page must be attached. A new form must be filled out and filed with the School and the District Business Office.*

\_\_\_\_\_  
*Signature of Primary Driver*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Secondary Driver*

\_\_\_\_\_  
*Date*