

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

<b>DRIVER INFORMATION: (PLEASE PRINT)</b>			
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>			
<b>VEHICLE INFORMATION: (PLEASE PRINT)</b>			
Make: _____ Model: _____ Year: _____			
Vehicle License Plate Number: _____			
Registered Owner: _____ Phone Number: ( ) _____			
Address: _____			
Street	City	State	Zip Code
<b>INSURANCE INFORMATION: (PLEASE PRINT)</b>			
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