

FRESNO UNIFIED SCHOOL DISTRICT
VOLUNTEER TRANSPORTATION AGREEMENT

I volunteer to drive my personal vehicle and provide transportation for FUSD students to and from

_____ on _____
Destination Date
leaving at _____ and returning at approximately _____
Time Time
on _____
Date

1. California Drivers License Number _____
Expiration date _____
2. Vehicle _____
Year Make
3. Vehicle in safe operating condition _____
Yes No
4. Insurance Policy # _____
Expiration Date _____
5. Insurance Agent or Company _____
6. Insurance Policy Limits _____

In accordance with California law, the insurance on a specific vehicle is the primary coverage in the event of an accident. The insurance of Fresno Unified School District becomes effective once the policy limits of the specific vehicle are exhausted.

I have read the above statement and fully understand that my personal auto insurance is the primary insurer if an accident should occur during the course of this trip.

Driver/Owner Signature _____
Address _____
Date _____ Phone _____