POLLOCK PINES SCHOOL DISTRICT  
2701 Amber Trail  
Pollock Pines, CA  95726  
Phone (530) 644-5416 or Fax (530) 644-5483

VOLUNTEER PACKET

Dear Volunteer,

Thank you for your valuable contribution to our school district. We appreciate your efforts. We have certain legal obligations that we must fulfill when anyone works with our students. In addition, we all agree that we must do all that we can to ensure that the adults we entrust our children with meet all of the criteria required. In this packet you will find information and Board Policies about Bloodborne Pathogens and Tobacco, Drug and Alcohol-Free Workplace.

Please take the time to read the enclosed information, and, AS SOON AS POSSIBLE, please submit these items to the Pollock Pines School District Office:

1. A completed Volunteer Data Form  
2. A copy of your driver’s license or state ID  
3. Negative TB test results, if level 2 or level 3 volunteer (TB test or Questionnaire)  
4. Proof of auto insurance and Personal Auto Use & Alternate Transportation form, if level 3 volunteer

If you need fingerprinting (Level 2 or Level 3 volunteer,) please ask for a Livescan form at the District Office, Pinewood Elementary or Sierra Ridge Middle School.  
Fingerprinting is done at these places:

1. ShipShapeUSA, 6395 Pony Express Trail, Pollock Pines (530) 644-0569  
2. El Dorado County Office of Education (appointment needed) 6767 Green Valley Road, Placerville, (530) 622-7130, Ext. 0  
3. El Dorado County Sheriff’s Department (appointment needed) 300 Fair Lane, Placerville, (530) 621-5702

Thank you for your cooperation. Together we can work to keep our district a safe and secure place for our students to learn.

Please contact me if you have any questions or if you need more information.

Sincerely,

Sue Meeth  
Pollock Pines School District  
(530) 644-5416
LEVELS OF CLEARANCE
The following procedures are mandatory for all individuals who will be participating in school-sponsored activities. The Principal will indicate on the Volunteer Packet the Level of Clearance needed for you. Requirements for each Level are listed on this sheet.

**LEVEL 1**

**Description:**
1) Parent or guardian; never alone with students, AND
2) Occasional classroom volunteer, (no more than one time per week) under direct teacher supervision and observation, OR
3) Day field trip volunteer, OR
4) Never alone with students

**Level 1 Requirements:**
Volunteer Packet
Copy of valid Driver’s License or state ID
Megan’s Law Website* (checked annually)

**LEVEL 2**

**Description:**
1) Non-parent, OR
2) Overnight chaperone, OR
3) Alone with students (i.e. coach), OR
4) Classroom volunteer more than once per week

**Level 2 Requirements:**
Volunteer Packet
Copy of valid Driver’s License or state ID
Fingerprinting**
TB Test or Questionnaire

**LEVEL 3 (renew annually except for fingerprinting)**

**Description:**
1) Transporting student(s) other than their own

**Level 3 Requirements:**
Volunteer Packet
Copy of valid Driver’s License each year
Fingerprinting**
TB test or questionnaire
Proof of Auto Insurance, with minimum $100,000/person, $300,000/accident level of coverage
Completed Personal Auto Use form
Completed Student Alternate Transport form

*The Megan’s Law website provides current information regarding registered sex offenders.

**Fingerprinting provides information on criminal history (arrests and convictions.) A volunteer is only fingerprinted once. The fingerprints stay on file and the district is notified if a volunteer is subsequently arrested.
Pollock Pines ESD Policies

Bloodborne Pathogens - AR 4119.43  Approved: September 10, 2013

Universal precautions are an approach to infection control. All human blood and certain human body fluids, including but not limited to semen, vaginal secretions and any body fluid that is visibly contaminated with blood, are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne pathogens.

Personal protective equipment includes specialized clothing or equipment worn or used for protection against a hazard. General work clothes such as uniforms, pants, shirts or blouses not intended to function as protection against a hazard are not considered to be personal protective equipment.

A sharp is any object that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident.

Engineered sharps injury protection is a physical attribute built into a needle device or into a non-needle sharp which effectively reduces the risk of an exposure incident.

Employee Information

The Superintendent or designee shall distribute to employees information provided by the California Department of Education regarding acquired immune deficiency syndrome (AIDS), AIDS-related conditions, and hepatitis B. This information shall include, but not be limited to, any appropriate methods employees may use to prevent exposure to AIDS and hepatitis B, including information concerning the availability of a vaccine to prevent contraction of hepatitis B, and that the cost of this vaccination may be covered by the health plan benefits of the employees. Information shall be distributed at least annually, or more frequently if there is new information supplied by the California Department of Education.

Infection Control Practices

The Superintendent or designee shall ensure that the worksite is effectively maintained in a clean and sanitary condition, and shall implement an appropriate written schedule for cleaning and decontamination of the worksite.

Where occupational exposure remains after the institution of engineering and work practice controls, the Superintendent or designee shall provide appropriate personal protective equipment at no cost to the employee. Such equipment may include gloves, gowns, masks, eye protection, and other devices that do not permit blood or other potentially infectious materials to pass through or reach the employee's clothes, skin, eyes, mouth or other mucous membranes under normal conditions of use. The Superintendent or designee shall maintain, repair, make accessible and require employees to use and properly handle protective equipment.

The Superintendent or designee shall provide handwashing facilities which are readily accessible to employees. When provision of handwashing facilities is not feasible, the Superintendent or designee shall provide an appropriate antiseptic hand cleanser in conjunction with clean cloth or paper towels, or antiseptic towelettes.

For the prevention of infectious disease, employees shall routinely:

1. Perform all procedures involving blood or other potentially infectious materials in such a manner as to
minimize splashing, spraying, spattering, and generating droplets of these substances.
2. Use personal protective equipment as appropriate.

a. Appropriate clothing, including but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments, shall be worn in occupational exposure situations.

If a garment becomes penetrated by blood or other potentially infectious materials, the employee shall remove the garment immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. When removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

b. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and nonintact skin, and when handling or touching contaminated items or surfaces.

Disposable gloves shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. They shall not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised, but must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

c. Masks in combination with eye protection devices or face shields shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

3. Wash hands and other skin surfaces thoroughly with soap and running water:

a. Immediately or as soon as feasible following contact of hands or any other skin or mucous membranes with blood or other potentially infectious materials

b. Immediately after removing gloves or other personal protective equipment

When handwashing facilities are not available, the employee shall use antiseptic hand cleanser in conjunction with clean cloth or paper towels, or antiseptic towelettes. In such instances, hands shall be washed with soap and running water as soon as feasible.

4. Refrain from eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas with a reasonable likelihood of occupational exposure.

5. Clean and decontaminate all equipment and environmental and work surfaces after contact with blood or other potentially infectious material, no later than the end of the shift or more frequently as required by state regulations.

6. Rather than using the hands directly, use mechanical means such as a brush and dust pan, tongs or forceps to clean up broken glassware which may be contaminated.

7. Use effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury in all procedures involving the use of sharps in patient care.

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)
a. Needleless systems shall be used to administer medication or fluids, withdraw body fluids after initial venous or arterial access is established, and conduct any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices. If needleless systems are not used, needles or non-needle sharps with engineered sharps injury protection shall be used.

b. Contaminated needles or other sharps shall not be broken, bent, recapped, removed from devices, or stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

c. Disposable sharps shall not be reused.

8. Handle, store, treat and dispose of regulated waste in accordance with Health and Safety Code 117600-118360 and other applicable state and federal regulations.

a. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of 8 CCR 5193(d)(3)(D). Containers shall be easily accessible, maintained upright throughout use where feasible, and replaced as necessary to avoid overfilling.

b. Specimens of blood or other potentially infectious material shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

Drug And Alcohol-Free Workplace - BP 4020 - Adopted: September 10, 2013

The Board of Trustees believes that the maintenance of a drug- and alcohol-free workplace is essential to staff and student safety and to help ensure a productive and safe work and learning environment.

An employee shall not unlawfully manufacture, distribute, dispense, possess, or use any controlled substance in the workplace.

Employees are prohibited from being under the influence of controlled substances or alcohol while on duty. For purposes of this policy, on duty means while an employee is on duty during both instructional and non-instructional time in the classroom or workplace, at extracurricular or co-curricular activities, or while transporting students or otherwise supervising them. Under the influence means that the employee's capabilities are adversely or negatively affected, impaired, or diminished to an extent that impacts the employee's ability to safely and effectively perform his/her job. (cf. 4032 - Reasonable Accommodation)

The Superintendent or designee shall notify employees of the district's prohibition against drug use and the actions that will be taken for violation of such prohibition.

An employee shall abide by the terms of this policy and shall notify the district, within five days, of his/her conviction for violation in the workplace of any criminal drug statute.

The Superintendent or designee shall notify the appropriate federal granting or contracting agency within 10 days after receiving notification, from an employee or otherwise, of any conviction for a violation occurring in the workplace.

In accordance with law, the Superintendent or designee shall take appropriate disciplinary action, up to and including termination, against an employee for violating the terms of this policy and/or shall require the employee to satisfactorily participate in and complete a drug assistance or rehabilitation program approved by a federal,
state, or local public health or law enforcement agency or other appropriate agency.

Drug-Free Awareness Program

The Superintendent or designee shall establish a drug-free awareness program to inform employees about:

1. The dangers of drug abuse in the workplace
2. The district's policy of maintaining a drug-free workplace
3. Available drug counseling, rehabilitation, and employee assistance programs
4. The penalties that may be imposed on employees for drug abuse violations occurring in the workplace

TOBACCO-FREE SCHOOLS – BP 3513.3 – Adopted: September 13, 2016

The Board of Trustees recognizes that smoking and other uses of tobacco and nicotine products constitute a serious public health hazard and are inconsistent with district goals to provide a healthy environment for students and staff.

The Board prohibits smoking and/or the use of tobacco products at any time in district-owned or leased buildings, on district property, and in district vehicles.

These prohibitions apply to all employees, students, and visitors at any school-sponsored instructional program, activity, or athletic event held on or off district property. Any written joint use agreement governing community use of district facilities or grounds shall include notice of the district's tobacco-free schools policy and consequences for violations of the policy.

*Smoking* means inhaling, exhaling, burning, or carrying of any lighted or heated cigar, cigarette, pipe, tobacco, or plant product intended for inhalation, whether natural or synthetic, in any manner or form, and includes the use of an electronic smoking device that creates aerosol or vapor or of any oral smoking device for the purpose of circumventing the prohibition of smoking.

*Tobacco products* include:

1. Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff
2. An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah
3. Any component, part, or accessory of a tobacco product, whether or not sold separately

This policy does not prohibit the use or possession of prescription products and other cessation aids that have been approved by the U.S. Department of Health and Human Services, Food and Drug Administration, such as nicotine patch or gum.

Smoking or use of any tobacco-related product or disposal of any tobacco-related waste is prohibited within 25 feet of any playground, except on a public sidewalk located within 25 feet of the playground. In addition, any form of intimidation, threat, or retaliation against a person for attempting to enforce this policy is prohibited.
LEVEL I

Description:
1) Parent or guardian; never alone with students, AND
2) Occasional classroom volunteer, (no more than one time per week) under direct teacher supervision and observation, OR
3) Day field trip volunteer, OR
4) Never alone with students

Level I Requirements:
Volunteer Packet
Copy of valid Driver’s License or state ID
Megan’s Law Website* (checked annually)

*The Megan’s Law website provides current information regarding registered sex offenders.
I am requesting clearance at: Level 1_____ Level 2_____ Level 3_____ 

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE DISTRICT OFFICE

Date:______________

Parent’s Name_________________________________ Social Security No.________________________

Former Last Name (if applicable)____________________________________________________________

Mailing Address______________________________________________________________

Residence (if different from above)________________________________________________________

Home Phone_____________  Cell Phone_____________  Birthdate___________________________

Driver’s License No_____________ State_________  Expiration Date_________  Sex:  M___ F___

Name of Field Trip__________________________________________________  Child’s Teacher_______________

IN CASE OF EMERGENCY:

First person to contact_________________________________________________ Relationship________

Home Phone_________________________  Cell Phone___________________________

Second person to contact_________________________________________________ Relationship________

Home Phone_________________________  Cell Phone___________________________

Family Physician_________________________  Phone___________________________

If none of the above persons can be reached, proceed as follows:______________________________

____________________________________________________________________________________

If you have any allergic reactions, other reactions, or special medical information, please note them here:

____________________________________________________________________________________

Volunteer Signature______________________________________________________________
**MAKE SURE TO COMPLETE LEVEL ONE PAPERWORK**

LEVEL 2

**Description:**
1) Non-parent, OR
2) Overnight chaperone, OR
3) Alone with students (i.e. coach), OR
4) Classroom volunteer more than once per week

**Level 2 Requirements:**
- Volunteer Packet
- Copy of valid Driver’s License or state ID
- Fingerprinting**
- TB Test or Questionnaire

**Fingerprinting provides information on criminal history (arrests and convictions.) A volunteer is only fingerprinted once. The fingerprints stay on file and the district is notified if a volunteer is subsequently arrested.**
REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: AB 527

Type of Applicant: ☐ Classified School Employee ☐ Credentialed School Employee

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☑ Volunteer

Type of License/Certification/Permit OR Working Title:

Contributing Agency Information:

POLLOCK PINES SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information
2701 AMBER TRL
Street Address or P.O. Box
POLLOCK PINES CA 95726
City State ZIP Code

01961
Mail Code (five-digit code assigned by DOJ)

SUE MEETH
Contact Name (mandatory for all school submissions)
(530) 644-5416
Contact Telephone Number

Applicant Information:

Last Name
Other Name (AKA or Alias) Last
First Name
Middle Initial
Suffix
First
Suffix

Date of Birth
Sex ☐ Male ☐ Female

Height
Weight
Eye Color
Hair Color

Place of Birth (State or Country)
Social Security Number

Home Address
Street Address or P.O. Box
City State ZIP Code

Driver's License Number
Billing Number BILL - 140688

Misc. Number
(Other Identification Number)

Your Number:
(OCAL Number / Agency Identifying Number)

Level of Service: ☑ DOJ ☑ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator
Date

Transmitting Agency LSID
ATI Number Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency
TO: El Dorado County Public Health Department
931 Spring Street
Placerville, CA 95667
(530) 621-6100

Please complete an Adult Tuberculosis Risk Assessment Questionnaire for

_________________________________________________________________

The Pollock Pines School District will pay for this service. Kindly send the invoice to Pamela Matthews, Pollock Pines School District, 2701 Amber Trail,
Pollock Pines, CA 95726

Authorized
Signature: ______________________________

District Office

ATTENTION VOLUNTEERS: Appointments are required at the Health Department for this service. Please call them at (530) 621-6100 to make an appointment.
The purpose of this tool is to identify adults with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _______________________________

Assessment Date: ___________________________ Date of Birth: ___________________________

### History of Tuberculosis Infection or Disease (Check appropriate box below)

- **Yes**
  - If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray, and was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

- **No** (Assess for Risk Factors for Tuberculosis using box below)

### Risk Factors for Tuberculosis (Check appropriate boxes below)

- **One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

  - Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

- **Close contact to someone with infectious TB disease at any time**

- **Foreign-born person from a country with an elevated TB rate**
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons.

- **Consecutive travel or residence of ≥1 month in a country with an elevated TB rate**
  - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

- **Volunteered, worked or lived in a correctional or homeless facility**
School Staff & Volunteers: Tuberculosis Risk Assessment
User Guide
Job-related requirement for child care, pre-K, K-12, and community colleges

Background
California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:
1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406).
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49408 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:
Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:
Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)
Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Repeat risk assessment and testing
If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis
Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease
It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease
Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended
Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.

BCG= Bacillus Calmette-Guérin; TST= tuberculin skin test; IGRA= interferon gamma release assay (e.g., Quantiferon-TB Gold, T-SPOT.TB)
Certificate of Completion
Tuberculosis Risk Assessment and/or Examination

To satisfy job-related requirements in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

______________________________________________________________________

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X______________________________________________________________________
Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

Telephone and FAX:
***MAKE SURE TO COMPLETE LEVEL ONE AND LEVEL TWO PAPERWORK***

LEVEL 3

(renew annually except for fingerprinting)

Description:
1) Transporting student(s) other than their own

Level 3 Requirements:
Volunteer Packet
Copy of valid Driver’s License each year
Fingerprinting**
TB test or questionnaire
Proof of Auto Insurance, with minimum $100,000/person, $300,000/accident level of coverage
Completed Personal Auto Use form
Completed Student Alternate Transport form

**Fingerprinting provides information on criminal history (arrests and convictions.) A volunteer is only fingerprinted once. The fingerprints stay on file and the district is notified if a volunteer is subsequently arrested.
VOLUNTEER PERSONAL AUTOMOBILE USE FORM
[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRE INFORMATION

| Name of Driver: |
| Calif. Driver's License No. & Exp. Date: |
| Vehicle(s) Year/Make/Model: |
| Vehicle(s) License Plate No.: |
| Insurance Carrier: |
| Policy Number and Expiration Date: |
| Liability Coverage Limits: |

We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, please also be advised, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, your insurance will provide the primary coverage for any resulting bodily injury or property damage. The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.

2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.

3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition if the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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Date Received by District: Received by:

THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR
STUDENT ALTERNATE TRANSPORTATION FORM

Students participating in off-campus District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences ("Events"), are required to travel on school buses or by other District-designated methods of transportation. Under special circumstances, with the District’s prior written approval, Students may be transported to and from Events (a) by a parent/guardian or other designated adult, or (2) by himself/herself. Under no circumstances may Students be transported in a vehicle driven by another student or anyone under 21 years of age.

Before the District grants a request for alternate transportation, this Student Alternate Transportation Form must be submitted to the School Office after it has been signed by the Student, the Student’s parent/legal guardian, and the District employee supervising the Event. Before the Student Alternate Transportation Form will be accepted and approved by the School Office, the individual who will transport the Student must also complete and file with the School Office an acceptable (a) Personal Automobile Use Form (for parents/guardians/designated adults) or (b) Student Personal Automobile Use Form (if the Student intends to drive himself/herself to Events).

If the required Forms are not submitted to and accepted by the School Office 48-hours before an Event, the Student must be transported to and from the Event through normal District-sponsored methods. A Student not complying with these provisions will not be allowed to attend or participate in the Event.

<table>
<thead>
<tr>
<th>Name of Student:</th>
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</thead>
<tbody>
<tr>
<td>Event(s): Each approved Event or series of Events must be listed:</td>
<td></td>
</tr>
<tr>
<td>Date(s):</td>
<td></td>
</tr>
<tr>
<td>Reason for Request:</td>
<td></td>
</tr>
<tr>
<td>Name of Designated Driver(s): Student and/or Designated Adult(s)</td>
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</tbody>
</table>

I/we agree that the designated drivers and vehicles to be used are not covered under the District’s automobile liability coverage. The Student, his/her parent(s)/guardian(s), and/or the driver of the vehicle are solely responsible for damage or injury to others. I/we also agree that the Student and anyone else in the vehicle assume their own risk of harm, injury or death arising from this choice for alternate transportation. The Student, his/her parent(s)/legal guardian(s), and/or the vehicle driver further agree to hold the District and its officers, employees and volunteers free from any liability arising from this alternate transportation, agreeing also to defend and indemnify them against any resulting claim.

<table>
<thead>
<tr>
<th>Printed Name of Student</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name of Parent/Guardian</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Printed Name of Supervising Employee</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Date Received by District: \(\) Received/Approved by:

THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR