

Summerfield Waldorf School and Farm

655 Willowside Road, Santa Rosa, CA 95401*707-575-3217* fax 707-575-3217* www.summerfieldws.org

Adult Drivers/Use of Privately Owned Vehicles

This form must be used when personally owned vehicles of employees, parents, and volunteers are used for school sponsored activities.

A no answer to any statement prohibits the use of this driver and/or vehicle.

Name of Driver #1: _____ #2: _____
If more than two drivers, check here , and add their names on back.

Drivers' Address: _____ Daytime phone: _____
Cell phone: _____

I certify to the following:

1. I am 21 years old or older.
2. I am the registered owner/legal leaser of the vehicle which I will be using to transport students. If the vehicle is borrowed, the registered owner must verify #4 and #5 below and sign.
3. I have a valid driver's license. State: _____ License Number: _____
State: _____ License Number: _____
4. I have a clean driving record and have not been convicted of drunk driving, driving under the influence or drugs, or of reckless driving in the last five (5) years.
5. I have liability/medical coverage on this vehicle with at least the following limits:
Property Damage \$50,000 Medical \$10,000 Bodily Injury \$100,000/\$300,000

Name of Insurance Company: _____

Local Agent: _____ Phone Number: _____

Please bring a copy of your policy declaration to the office for confirmation of coverage & a copy of your drivers license.

6. My vehicle is not designed to carry more than 9 passengers (including driver), nor will I transport more than 9 passengers, according with the State Vehicle SPAB regulations. This vehicle is in good working order (tires, brakes, lights, turn signals, windshield wipers, etc.), and each passenger will have a seat belt.

Car #1 Year/Make/Model: _____

Car#2 Year/Make/Model: _____

License Plate Number #1: _____ Number of seat belts: _____

License Plate Number #2: _____ Number of seat belts: _____

If more than two cars, check here , and add details on back.

I certify that the information provided above is true and correct to the best of my knowledge. I understand that my vehicle liability and medical insurance is primary in case of an auto claim.

Signature of Driver #1: _____ Date: _____

Signature of Driver #2: _____ Date: _____