

SAN CLEMENTE HIGH SCHOOL

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T **RITON ATHLETICS**

TRADITION • COMMITMENT • EXCELLENCE

VAN USAGE POLICY FOR ATHLETIC TEAM TRAVEL

The Capistrano Unified School District maintains passenger vans for use by approved district employees that have proper forms on file. Vans may be used instead of a district bus to transport student-athletes to and from athletic contests and/or practices throughout the school year.

POLICIES FOR DRIVING CUSD VANS:

- Driver must be a CUSD Employee
- Driver must submit proper forms and receive clearance to drive District vehicle
 - Submit Employee/Volunteer Personal Automobile Use Permission Form
 - Submit Declaration Page of Personal Automobile Insurance that meets minimum liability standards of: Bodily Injury (\$100,000/\$300,000 per accident); Property Damage (\$25,000 per accident); Under/Uninsured Motorist (\$30,000 per accident).
 - Submit Request for DMV Check (one time only) to track driving record to maintain approval/clearance to drive a District vehicle.
- Requests for van usage must be made well in advance to avoid conflicts and last second transportation problems. All requests will be put on a calendar so that all potential users are aware of who is utilizing the vans and when.

CHECK IN / CHECK OUT PROCESS:

- Van Check Out: Approved driver of athletic team will sign out for keys with Athletic Director and provide destination and anticipated miles to be traveled (before keys will be issued).
- Van Return: Upon returning from trip, van should be clean, no trash inside, and returned with the tank full. If returning to campus after hours, coach must make every effort to fill the tank and get the van cleaned (if very dirty) the next day. Keys are returned to Athletic Director and signature required that van is clean and full of fuel.
- Vehicle Registration/Insurance/Accident: If involved in an accident, immediately notify the Athletic Director and the Capistrano Unified School District. Proof of Insurance and Vehicle Registration located in packet within center console of van.

DRIVER/PASSENGER SAFETY REMINDERS:

- Driver and all passengers must wear seatbelts at all times
- Driver prohibited from using cell phone while driving
- Drive no faster than the posted speed limit and slower if weather/conditions warrant

Any unauthorized use will result in permanent loss of van privilege.

Any continued failure to return vans without re-fueling will result in loss of van use.

Vans must be cleaned (inside and outside) if usage results need for such.

No food/drink inside vehicle unless length of trip merits.



CAPISTRANO UNIFIED SCHOOL DISTRICT
 33122 Valle Road
 San Juan Capistrano, California 92675
 Administration Division

EMPLOYEE/VOLUNTEER PERSONAL AUTOMOBILE USE PERMISSION FORM

All Volunteer Drivers Must be at least 25 Years of Age and must be cleared as Tier I Volunteers (see Volunteer Information located on the CUSD Website under "Community.")

I, (full name) _____ agree to transport persons in connection with the field trip/s identified below. In accordance with the dictates of EC Section 35330, I hereby release the State of California, and the Capistrano Unified School District, and their officers, agents and employees, from any and all responsibility and/or liability for injury, accident, illness or death which may result during or by reason of my participation in the field trip/s identified below. I hereby waive any and all claims against the State of California, the Capistrano Unified School District, and their officers, agents and employees, arising from any injury, accident, illness or death which may result during or by reason of my participation in the field trip/s identified below.

Trip/Destination: _____ Date: _____

Make/model/year of auto: _____ License No.: _____

Driver's License Number: _____ Expiration Date: _____

Insurance Carrier (Local agent, firm name and contact information): _____

Policy Number: _____ Expiration Date: _____

<u>Required Insurance Minimums</u>	Bodily Injury	\$ 100,000/\$300,000 per accident
	Property Damage	\$ 25,000 per accident
	Under/Uninsured Motorist	\$ 30,000 per accident

I hereby acknowledge that the insurance on my auto to be used for transporting students is at or above the limits listed above.

I certify that the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and that my auto is mechanically safe. Additionally I certify that all passengers will wear their individual seat belts while my vehicle is moving. I give the District permission to obtain my motor vehicle record from the CA Dept. of Motor Vehicles if needed, and will advise the District of any changes in my driving record or driver's license validity.

Furthermore, I understand that my liability insurance policy comes first and that the district's liability policy will only apply in the case where my policy limits are exceeded. The district does not cover, nor is responsible for, comprehensive and collision coverage to my vehicle.

Address: _____ Telephone: _____

Owner of auto signature: _____ Date: _____

Driver signature (if different): _____ Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT POLICY, INCLUDING COVERAGE EXPIRATION DATE.

FOR SCHOOL USE ONLY:	
_____ School Name	_____ Administrator's Signature
****KEEP ONE COPY AT THE SCHOOL SITE. SEND ONE COPY TO THE CUSD INSURANCE DEPARTMENT.	

CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano California

TO: All Employees Who: Drive District Vehicles
Drive in the Course of Their Employment

FROM: Matthew Krause, Executive Director Fiscal Services

SUBJECT: REQUEST FOR DMV CHECK

Before an employee is permitted to drive a District vehicle or drive in the course of their employment (e.g. transport children home in their personal vehicle), the Insurance Department must receive and approve their DMV record.

The first step in the process is to complete the bottom portion of this form and return it to the District Insurance Department. This form only needs to be completed once. After that, the DMV will automatically send reports to the District every 6 months unless a severe event occurs - such as license suspension.

Once the District submits the DMV request, it usually takes one week to receive clearance. We will notify employees and their supervisor upon receipt of this report. As a reminder, employees are not to drive District vehicles or drive in the course of their employment until they are cleared to do so.

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*****RETURN TO DISTRICT INSURANCE DEPARTMENT*****

NAME: _____ (Exactly as it appears on your driver's license)
SOCIAL SECURITY#: (last 4 digits only) _____
DRIVERS LICENSE#: _____
BIRTH DATE: _____
WORKSITE: _____

*****RETURN TO DISTRICT INSURANCE DEPARTMENT*****