

2320F1

**BOZEMAN PUBLIC SCHOOLS DISTRICT. NO. 7
VOLUNTEER VEHICLE USAGE FORM**

Please complete this form and send it to the school site administrator for review and approval. If you are an employee, please complete the Vehicle Usage Form on Kissflow.

Driver and Insurance Information:

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Home #: _____ Work #: _____

Drivers Lic. #: _____ Class: _____ Expiration Date _____

Moving violations received, if any, in the past 3 years? #__ Explain: _____

Number of accidents, if any, in the past 3 years? #_____ *Explain: _____

(*Use additional sheet, if necessary, for explanation and attach it to this form.)

Insurance Company: _____ Telephone #: _____

Policy #: _____ Expiration Date: _____

Driver Statement:

I certify the vehicle is equipped with seat belts for all occupants.

I certify the vehicle is regularly maintained and kept in good mechanical condition.

I certify that I have not received a DWI, DUI, OWI, OUI, refusing substance tests, reckless driving, manslaughter, hit and run, eluding a police officer, any felony, drag racing, license suspension or driving while license suspended in the last 36 months.

I consent to the school district checking my Motor Vehicle Record (MVR) with the Department of Motor Vehicles (DMV).

I certify I am 21 years of age or older.

I certify I have a valid Montana drivers license and there are no restrictions preventing me from transporting students in my vehicle.

I certify the following minimum vehicle insurance requirements outlined by the Bozeman School District are met:

Bodily Injury Liability and Property Damage combined	\$300,000
Medical (for passengers)	5,000
Under and Uninsured Motorist	300,000

Volunteer Signature

Date

School/Site Administrator's Signature

Date

School/Site Name

Date

Original Form to be kept at School/Site