

RIVIERA HALL LUTHERAN SCHOOL VOLUNTEER DRIVER FORM

During the 2026-2027 school year, parent volunteer drivers are needed to transport students on local school related trips (Community Service, Field Trips, Athletic Teams, etc.). The following information is required each year by our insurance broker for driver approval. Any parent who wishes to volunteer as a driver during the school year must complete and sign this form each year.

Child(ren)'s last name if different than parent's: _____ Child(ren)'s grade(s): _____

Home phone: _____ Office phone: _____ Cell phone: _____

PARENT DRIVER #1 Name as it appears on Driver's License: _____
(First) (Middle) (Last)

CA Driver's License # Expiration Date: ___/___/___

If State issuing License is NOT California, please provide the following information:

Name of State: _____ Driver's License #: _____

Driver's Social Security #: _____ Date of Birth: ___/___/___

PARENT DRIVER #2 Name as it appears on Driver's License: _____
(First) (Middle) (Last)

CA Driver's License # Expiration Date: ___/___/___

If State issuing License is NOT California, please provide the following information:

Name of State: _____ Driver's License #: _____

Driver's Social Security #: _____ Date of Birth: ___/___/___

Name of Auto Insurance Company: _____

The School's automobile liability coverage includes a provision that a parent's personal liability will be insured by the School when using his/her vehicle on school business, in excess of his/her personal limits, provided the parent's personal automobile has at least either of the limits listed below:

NOTE: Minimum required limits are: \$250,000 Bodily Injury – Each Person
\$500,000 Bodily Injury – Each Accident
\$ 50,000 Property Damage
OR \$500,000 Combined Single Limit Bodily Injury and Property Damage

I HAVE AT LEAST THE CALIFORNIA STATE LIMIT(S)

PERSONAL AUTOMOBILES TO BE DRIVEN (IN CONNECTION WITH RIVIERA HALL LUTHERAN SCHOOL)

1. _____ Number of seat belted students vehicle can transport.
Make and Year of Vehicle License Plate Number
2. _____ Number of seat belted students vehicle can transport.
Make and Year of Vehicle License Plate Number

I consent to a confidential DMV screening of my driving record. I also confirm that I have the required insurance coverage (as specified above) on my personal vehicle(s) and I agree to furnish the office with any corrections in the future.

Signature: _____ Date: ___/___/___