

**Simi Valley Unified School District  
Field Trip / Excursion Application  
Volunteer Adult Chaperones / Supervisors**

In State

Out of State

\_\_\_\_\_  
Name of Chaperone / Supervisor

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Class

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date(s) of Field Trip/Excursion

\_\_\_\_\_  
Location of Field Trip/Excursion

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Telephone

**Code of Conduct**

1. All chaperones/supervisors must be at least 21 years of age.
2. All chaperones/supervisors are to be employed or approved by the district or be the immediate family member of the student involved.
3. All chaperones/supervisors are to complete a "Volunteer Information Form" prior to the field trip/excursion.
4. Chaperones/supervisors attend the field trip/excursion to supervise students.
  - a. Other children of the chaperones/supervisors are not to attend the field trip/excursion.
5. Chaperones/supervisors are not to drink alcoholic beverages, use tobacco products, use illegal drugs or prescription controlled substances while on the field trip/excursion.
  - a. Chaperones are not to provide any of these substances to any students without a prescription and Medication Authorization (VCSSFA Form 1061).
6. Chaperones are to accompany assigned students at all times other than in restrooms or in the hotel room(s), if the field trip is overnight.
7. Chaperones are to choose age-appropriate dining, entertainment, and shopping establishments.

California Education Code Section 35330 provides as follows:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

I have carefully read this application, fully understand its contents, and voluntarily consent to its terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home telephone

\_\_\_\_\_  
Work telephone

\_\_\_\_\_  
Mobile telephone or pager

## DRIVER INSTRUCTIONS

Drivers and private vehicles being operated for district purposes must meet or exceed the following requirements:

1. All drivers must be registered and approved by the school or site administrator.
2. The "Field Trip By Private Vehicle Driver's Statement" form must be completed and on file with the site before each trip is taken along with copies of the following:
  - a. Valid proof of insurance (insurance identification card or policy declaration page)
  - b. Valid California driver license
  - c. Vehicle registration
3. Volunteer Information Form must be on file in the school office. A new form must be completed yearly.
4. Chaperone Form must be on file in the school office.
5. Each driver must:
  - a. Possess a valid California driver's license
  - b. Be at least 21 years of age or older
  - c. Be the registered owner of the vehicle unless the vehicle is rented
6. All vehicles must be covered by liability insurance of at least: combined single limit \$300,000 (bodily injury/property damage); or \$100,000 per person, \$300,000 each accident (bodily injury), \$25,000 property damage. Proof of insurance and registration must be retained in your vehicle as well as copies with the site. ***Vehicle owners, drivers and passengers shall be informed that the registered owner and his/her insurance company are responsible for any accidents or violations that may occur.***
7. The vehicle must not be designed, used, or maintained to carry more than 10 passengers including the driver. *Otherwise, a commercial driver license is required, and the vehicle must be a school bus or pupil activity bus/van as defined in the Vehicle Code (546).*
  - a. The number of passengers shall not exceed ten (10), including the driver. In no case shall the number of passengers, including driver, exceed the number of available seat belts.
  - b. Drivers must ensure that required seat belts and/or child passenger restraint systems are properly used and available for each passenger. Child passenger restraint systems are required for children under eight (8) years of age or under 4 feet, 9 inches in height.
  - c. Under no circumstances are students to be transported in the bed of a truck. Passengers may only ride in the cab of a truck.
8. Prior to departure, the driver shall be instructed as follows:
  - a. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
  - b. Follow and enforce all safety recommendations of the vehicle manufacturer.
  - c. Do not carry non-district personnel, non-students, or other "guests" as passengers. It is school policy that family members who are not enrolled in the class/activity may not accompany you on field trips.
  - d. Pull up to curb to pick up students.
  - e. Follow the most direct route and avoid unnecessary stops.
  - f. Do not make side trips. The trip is approved only from school to the destination and directly back to school.
  - g. All drivers will enforce reasonable travel speed in accordance with federal, state, and local laws in all motor vehicles.
  - h. Use of personal vehicles where hazardous road conditions exist is prohibited. This includes hazardous conditions declared by California Highway Patrol, or other city, county, state or federal agencies authorized to monitor road conditions.
  - i. No smoking while transporting, supervising, or attending field trips or related activities with students.
  - j. Teachers shall ensure that drivers have a copy of the permission slip for each student riding in his/her vehicle.

In case of emergency, keep all the children together and call \_\_\_\_\_.

## Field Trip by Private Vehicle Driver Statement

This form must be completed and on file at school site prior to each field trip

School Name:	Trip Date:
Class/teacher taking trip:	Destination:
Driver Name: Driver Birth Date:	Driver License #: Driver License Expiration Date:
Driver Home Phone: Driver Cell Phone:	Home Address:
Have you had a moving violation and/or accident within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date of incident and explanation:	Do you have any physical condition, driving restrictions or are you taking medication which would affect driving safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Owner of Vehicle:	Registration Expiration Date:
Year/Make of Auto: Model: Vehicle License #:	Does your vehicle have any known mechanical or safety deficiencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?
Seating capacity of vehicle for students: _____ Personal vehicle may not be designed to carry more than 10 people including the driver.	
Insurance Carrier:	Agent Name: Phone #:
Policy Number:	Policy Expiration Date:
<p>Note: If you drive your personal vehicle while on District business and you are involved in an accident, by law your liability insurance policy is primary.</p> <p>Required automobile liability insurance with the following limits:            Combined single limit \$300,000 (bodily injury/property damage); <u>or</u>            \$100,000 each person, \$300,000 each accident (bodily injury); \$25,000 property damage.</p> <p>Is this an assigned risk policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Volunteer Form completed and on file with school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies attached:    Driver License    Vehicle Registration    Proof of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	

### DRIVER ACKNOWLEDGEMENT

I declare under penalty of perjury that the answers provided are true and correct to the best of my knowledge, information and belief. I certify that I hold a valid California driver license, vehicle registration and liability insurance in accordance with the limits stated above and my policy will be in force for the duration of this trip. I agree to advise the School in writing of any changes in the above information. I further certify that the above vehicle is mechanically safe and that I have read and understand the District Driver Instructions. I understand that I, nor my vehicle, nor its registered owner is in any way covered by the insurance of the Simi Valley Unified School District.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

### SCHOOL APPROVAL

I have reviewed the above and approve the use of this vehicle for the purpose stated.

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Date

# SIMI VALLEY UNIFIED SCHOOL DISTRICT

## SCHOOL VOLUNTEER PROCEDURES

**Volunteer help** is defined as an adult providing help and performing duties for students at a school site without compensation.

### Types of Volunteers

#### 1. Parent Club or Special Event Volunteers

These volunteers provide assistance with snack bars, chaperone dances, help set up special activities, drive students on field trips and other limited events or special occasions. They work with other volunteers, are supervised by certificated staff, and do not have direct responsibility for supervising students.

These volunteers are required to complete the District Volunteer Information Form that includes name, address and phone number, a brief description of service to be provided, a copy of their driver's license, and name of supervisor. Volunteers who are driving on field trips must also complete the Field Trip By Private Vehicle Driver's Statement.

#### 2. Program, Classroom, Library, or Office Volunteers

These volunteers provide assistance in administrative and/or academic areas on a regular or frequent basis (five hours or more each week), such as a three-day-per-week library volunteer, daily assisting with a class, or a two-day-per-week office assistant. These volunteers are generally supervised and will not be alone with students. These volunteers are required to meet the following conditions:

- a. Completion of a Volunteer Information Form that includes name, address and phone number, a brief description of service to be provided, a copy of their driver's license, and name of supervisor.
- b. A valid tuberculosis (TB) clearance.
- c. No volunteer may provide services until the form and TB clearance are completed and on file with the principal.

**NOTE:** *District Office clearance and notification are not required.*

#### 3. Special Circumstances

Parents chaperoning students for longer than five hours a week without the direct supervision of a certificated professional ***must be fingerprinted and have a clear TB test***. This would apply to parents assisting the District as chaperones on overnight field trips and sleeping in facilities with students. The Principal will submit a completed Volunteer Information Form to Personnel Services. Personnel Services will process and verify that the fingerprint requirements are met and return the form to be filed at the school site. Please refer to "***Overnight Volunteer/Chaperone Requirements***".

The cost for the TB test and fingerprinting shall be the responsibility of the volunteer, unless the school site agrees to cover the cost.

**Simi Valley Unified School District**

**VOLUNTEER INFORMATION FORM**

The Simi Valley Unified School District recognizes the tremendous positive impact that volunteers make in enriching educational programs and greatly appreciates the contribution of your time and energy in this regard. In order to safeguard students, the following identifying and background information is required of all volunteers who work with and around students.

**School at which you wish to volunteer:** \_\_\_\_\_

(A copy of this form must be filed at each school where you wish to volunteer)

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Student(s) Name:** \_\_\_\_\_ **Teacher Name:** \_\_\_\_\_

**Yes No**

**Have you ever been convicted of or are you awaiting trial for any crime?**

If you answered yes to the above question, please attach a complete and accurate explanation of the circumstances to this form. An answer of yes will not necessarily disqualify you from volunteering. Any information provided in connection with a yes response will be kept confidential.

**Dates or days volunteer services will be performed:** \_\_\_\_\_

**Brief description of services to be performed:** \_\_\_\_\_

\_\_\_\_\_

**Yes No**

**Can you perform all the essential functions of the volunteer position?**

**Identification:** Please attach a copy of your driver's license or other picture identification card.

**Certification:** I hereby certify that all statements made on this form and any attachments are true and complete to the best of my knowledge and authorize investigation of all statements herein recorded.

**Signature of Volunteer** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Principal** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of Volunteer:** Type 1:  Type 2:  Type 3:

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**Principal/District Office Use**

Date: \_\_\_\_\_

\_\_\_\_\_ TB Clearance Submitted. Valid through \_\_\_\_\_

\_\_\_\_\_ Fingerprint Verification.

\_\_\_\_\_ Personnel Office Approval \_\_\_\_\_

The cost for the TB test and fingerprinting shall be the responsibility of the volunteer..

**NOTE: Volunteers may not provide services until this form is completed and on file in the principal's office.**