Scappoose School District

VOLUNTEER AUTO USE PERMIT

Name: ____________________________________________________________

Date of Activity: __________________________________________________

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

A. INSURANCE:

The Scappoose School District 1J does not provide automobile liability or physical damage
insurance coverage to volunteers who provide their own vehicles for School District
activities.

The District does not accept any liability for bodily injury or property damage arising from
your negligence in driving your own vehicle for a District sponsored activity.

As a driver providing your own vehicle for this activity, you are required to carry valid
automobile liability insurance covering bodily injury and property damage. The minimum
required limit of liability you must provide is $300,000. Proof of insurance must be
presented to Scappoose School District prior to final approval.

Insurance Co. ____________________________ Policy No. ____________________________

B. DRIVER RESPONSIBILITIES:

You are responsible for maintaining your vehicle in a safe condition during the term of this
activity.

You are responsible for providing the equipment necessary to ensure safe transportation of
students or public during this activity. (i.e. tire chains, seat belts, etc.)

You hereby certify that you have a current and valid Oregon drivers license.

Drivers license number: ________________________________

AS A VOLUNTEER DRIVER, PROVIDING MY OWN VEHICLE, I HEREBY ACKNOWLEDGE
ON THIS FORM. I ACCEPT AND AGREE TO THE TERMS AND OBLIGATIONS AS STATED
ABOVE.

SIGNED ____________________________ DATE ________________________________