



Tracy Learning Center
51 East Beverly Place
Tracy CA 95376
www.tracylc.net

ALL Millennium High School coaches and parents must provide the following:

1. Copy a CDL
2. Complete confidentiality contract (below)
3. Copy of TB skin test (must be done every four years)
4. Vehicle liability insurance form (see back of this form)
5. Insurance declaration showing amount of coverage (must meet our requirements) for parents driving students on field trips or sporting events
6. Driver must provide H6 print out from the DMV
7. Driver must provide copy of vehicle registration
8. Finger prints for those attending science camp only (forms in office)

Coach/Parent Volunteer Confidentiality Contract

Student/Team's Name: _____

Parent's name: _____

Students school (circle) PCS DCS MHS

Address _____

Phone # _____

Ca. Driver's license #: _____

Proof of TB skin test attached (must be done every four years) _____

I understand that I am expected to be present at the times I have agreed to volunteer. If I cannot be present I agree to notify the teacher prior to the time I expected to arrive either by e-mail or calling the school secretary. I will sign in and out of the office each time a volunteer and wear volunteer's badge.

I also realize that when I am working in the classroom I will follow the directions of the teacher who's in charge. I understand that it is not my place to discipline or correct student behavior.

I also understand that any information I learn about the class or individual students through volunteering is strictly confidential and is not to be shared with others.

I am aware that if these rules are not strictly followed I will be asked to leave the volunteer program. I have read and agree with the above. I have also provided the necessary items listed above to be a parent volunteer.

Coach/Parent's Signature: _____ Date: _____

Tracy Learning Center Staff Signature: _____

DO NOT RETURN THIS FORM WITHOUT THE REQUIRED PAPERWORK.



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Volunteer Vehicle Usage
(When Transporting Students)

All parent/volunteer drivers while operating their own vehicles to transport students on officially authorized school-related activities should be aware of the following:

1. The driver's private vehicle liability insurance will always be considered the only coverage. The district insurance policy will not provide coverage for excess liability damages over and above the driver's coverage.
2. All travel by private vehicle requires prior approval by the responsible administrator (or designee) in order to establish that the activity is officially authorized school of business.
3. The school district does not provide collision, comprehensive, etc., insurance coverage to cover damage or loss to the drivers vehicle.
4. Drivers must be 21 years of age or older.
5. A new volunteer vehicle usage form must be completed upon expiration of vehicle insurance policy.
6. Refer questions to the risk manager at the district office

THE UNDERSIGNED DRIVER CERTIFIES THE FOLLOWING MINIMUM DISTRICT REQUIREMENTS ARE MET AND UNDERSTANDS THAT FIRE RESPONSIBILITIES WHEN TRANSPORTING STUDENTS ON OFFICIALLY AUTHORIZED SCHOOL BUSINESS RELATED SCHOOL ACTIVITIES:

1. I certify that maintain insurance coverage on my vehicle the following limits or higher:

\$100/300,000	bodily injury liability
\$25,000	property damage liability
\$5000	medical payments (to cover passengers)
\$100/300,000	uninsured motorist

MUST ALSO PROVIDE PROOF OF THIS AMOUNT OF COVERAGE (COPY FROM INSURANCE POLICY)

2. I certify that my vehicles equipped with an operational seat belt for each occupant and that all occupants will use seat belts while the vehicle is in motion. (no sharing of seat belts.)
3. I certify that the vehicle is readily maintaining kept in good chemical condition and operating order.
4. I can send to the district checking my driving record with the department of motor vehicles.
5. I certify that I am 21 years of age or older.

Driver information:

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Driver's license # : _____ State: _____

Vehicle License #: _____ Vehicle Color: _____

Vehicle make: _____ Model: _____ Year: _____

Registered owners name: _____

Insurance carrier: _____ Policy # _____ Exp. Date: _____

Indicate, if any, number of moving violations in the past three years: _____

Indicate, if any, number of vehicle accidents in the past three years: _____

Driver Signature

Date

Administrators Signature

Date