



CLAREMONT AFTER-SCHOOL PROGRAMS, Inc.
 1111 North Mountain Avenue
 Claremont, CA 91711
 (909) 204-0127

**INDIVIDUAL DRIVING PRIVATE
 VEHICLE TO TRANSPORT STUDENT(S)
 OR VOLUNTEERS WHILE PARTICIPATING
 IN CLASP SPONSORED ACTIVITY**

Thank you for volunteering to transport CLASP students and/or volunteers in your private vehicle.

CLASP's policy requires that we inform you of the following:

1. Any driver desiring to use his/her personal vehicle to transport CLASP students or volunteers must complete this form each year. The Program Director will review the form and process a Motor Vehicle Record Request (MVR) with the driver's permission.
2. Drivers of private vehicles must have a current valid California drivers license; **provisional license not allowed. Please attach current copies of your California Driver License, proof of insurance card and Vehicle Registration.**
3. The insurance laws of the State of California and recent case law place the burden of financial responsibility on the **owner** of the vehicle involved. CLASP's coverage is **excess** only.
4. The private vehicle shall carry liability insurance limits no less than \$100,000 per person and \$300,000 per accident bodily injury, property damage liability limits of \$50,000, and \$2,000 medical payments.
5. The private vehicle must be registered in California and be in proper mechanical condition.
6. Vehicle must not be overloaded and must not carry passengers that exceed the number of seat belts in the vehicle.
7. CLASP students, Junior High School or High School student volunteers wishing to ride in your private vehicle must obtain written consent from their parents or guardian in order to participate.

Name: _____	Birth Date: _____
Driver License #: _____	Expiration Date: _____
Year/Made of Auto: _____	Vehicle License #: _____
Insurance Carrier: _____	Phone: _____
Liability Limits: _____	Policy #: _____
Expiration Date: _____	Driving Restrictions: _____
Reason for Automobile Use: _____	

I certify that the above information is correct and that the insurance coverage is in force. I agree that I must have liability insurance coverage in force and agree to advise CLASP, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

_____ Vehicle Owner's Name (If different from Driver)	_____ Date
_____ Vehicle Owner's Signature (If different from Driver)	_____ Date
_____ Driver's Signature	_____ Date

I give permission to Claremont After-School Programs, Inc. and its Program Director or Program Coordinator to request driver's license and other DMV records. I understand that this information will remain confidential and will not be disseminated to any other staff member or entity. I understand and agree that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Driver's Signature _____ Date _____

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

CLASP Program Director _____ Date _____