## SALINAS UNION HIGH SCHOOL DISTRICT

**VOLUNTEER/EMPLOYEE DRIVER ACKNOWLEDGEMENT AND APPOVAL FORM** 

1. Acknowledgement by Volunteer o	r Employee Driver				
I acknowledge I will comply with the Criteria while undertaking driving duties. Further, I ce with all provisions and laws for maintain	ertify that I will <b>main</b>	ntain a vali	d California Dr	iver's license and o	
	Date:				
Print name	Date:		Signature		
2. Permission to add to California Pu	II Notice Program				
I hereby give Salinas Union High School Distr program. Please print or type. (Must Have Va				ice" (DL414, Driving	History)
Name: (Last)	(First)			(M.I)	
DL#:		xpiration Date:			
DOB: (Mo/Day/				Phone:	
Street Address:					
Hair Color:				Weight:	
School Site:	_, = = = = = = = = = = = = = = = = = = =				
				_	
Signature				Date	
Required – DMV Driving History Report &	copy of Voluntee	r Driver Vel	hicle Insurance		
3. <u>School Site Administrator's</u> Review The Volunteer Driver noted above has met the scope of their assignment.		th by SUHSI	D to operate a ve	hicle within the cours	e and
Name: (Please Print)		rint)	Action: Approved / Disapproved		
Signature				Date	
Send to Transportation for Approved					
4. Transportation Review and Appro	val				
Name:	(Please P	rint)	Action:	Approved / Disappro	oved
Signature				Date	
5. Back to Transportation Site Admir	nistrator				