

Section E: Support Services

EEBB-E Employee/Parent/Volunteer Personal Vehicle Use Form

Name:		Birthdate:	
Driver's License #:		Expiration:	
Year & Make of Vehicle:		Vehicle License #:	
Your Insurance Carrier/Agent:		Agent/Carrier Telephone #:	
Policy #:		Policy Expiration Date:	
Liability Limits:	Bodily Injury:	Driver's Cell Phone #:	
Property Damage:			
Driving Restrictions:			
I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the school's office, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.			
Owner of Vehicle Signature:		Date:	
Driver Signature:		Date:	
Important Note: If you drive your personal automobile while on school business and you are involved in an accident, by law your liability policy is used first. The school's liability policy would be used only after your policy limits have been exceeded. The Region 8 Board does not cover, nor is it responsible for, comprehensive and collision coverage for your vehicle.			
I have read the above and approve the use of this vehicle for the purpose stated.			
_____ Director or Assistant Director Signature		_____ Date	

Cross Reference: IJOA – School Volunteers
 EEBB – Use of Private Vehicles for School Business
 EEBB-E1 – Permission to Ride in Private Vehicle

First Reading: 8/26/15
 Adopted: 9/30/15
 Revised: _____
 Reviewed: _____