

EXHIBIT A

**"EMPLOYEE/VOLUNTEER PERSONAL AUTOMOBILE USE PERMISSION FORM"**

Study Trip Date \_\_\_\_\_ Study Trip Destination \_\_\_\_\_

Driver's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Drivers License State and Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driving Restrictions \_\_\_\_\_

Vehicle Owner's Name \_\_\_\_\_

Year and Make of Auto \_\_\_\_\_ Vehicle License # \_\_\_\_\_

Number of Working Seat Belts \_\_\_\_\_ Number of adults to be transported \_\_\_\_\_

Number of CVESD students to be transported \_\_\_\_\_

Insurance Carrier/Agent \_\_\_\_\_ Phone # \_\_\_\_\_

Liability Limits \_\_\_\_\_ Policy # \_\_\_\_\_

Expiration Date \_\_\_\_\_

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 district, in writing, of any changes in the above information. To the best of my ability, I further certify that the above vehicle is mechanically safe.

\_\_\_\_\_  
OWNER OF VEHICLE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVER SIGNATURE

\_\_\_\_\_  
DATE

**NOTE:** If you drive your personal automobile while on a study trip and you are involved in an accident, by law your liability insurance policy is used first. The district liability would be used only after your policy limits have been exceeded. The district does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle except as provided in Board Policy and/or the bargaining unit agreement.

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

\_\_\_\_\_  
SIGNATURE OF SCHOOL PRINCIPAL

\_\_\_\_\_  
DATE

Distribution:                      White Copy: School                      Yellow Copy: Volunteer