

TRI-COUNTY SCHOOLS INSURANCE GROUP



INSURANCE AND RISK MANAGEMENT MANUAL

Wells Fargo Insurance Services USA, Inc.
P. O. Box 1106
Grass Valley, California 95945
CA DOI #0D08408

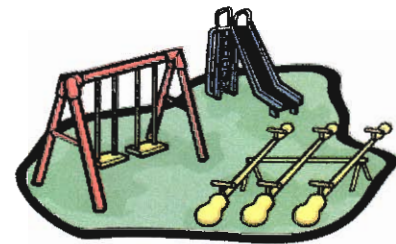


Introduction

The following information has been prepared especially for you as a member of Tri-County Schools Insurance Group property and casualty program.

We are pleased to serve as your risk management consultant and claims administrator. We are deeply committed to providing you with the best possible resources and service.

Please remember to report all claims or potential claims as promptly as possible.



Wells Fargo Insurance Services
USA, Inc. CA
CA DOI# 0D08408

TRI-COUNTY SCHOOLS INSURANCE GROUP STRUCTURE

Tri-County Schools Insurance Group is self-insured for the first \$100,000 of any property loss and the first \$250,000 of any liability loss

Wells Fargo Insurance Services USA, Inc. is your claims administrator. This is the first contact for any property, liability or automobile claim the District office will make.

Tri-County Schools Insurance Group members have excess liability coverage through Schools Excess Liability Fund (SELF) for claims from \$5,000,000 to \$20,000,000 and excess property coverage through Travelers for claims from \$100,000 to replacement.

Contact Information



Wells Fargo Insurance Services, USA, Inc
Formerly Sierra Self-Insurance Services, LLC

P. O. Box 1106

Grass Valley, CA 95945

Location address: 131 Mill Street, Grass Valley, CA 95945



530-274-7213

888-298-7213 toll free

530-273-6459 fax

Direct Phones and emails

Gail Blagg gail.blagg@wellsfargo.com

530-271-2722

Mike Bryant michael.bryant@wellsfargo.com

530-271-2721

Mike Krill michael.krill@wellsfargo.com

530-271-2720

When to Call Wells Fargo Insurance Services, USA, Inc.



Please call us for insurance and risk management recommendations when your District:

- ✓ Acquires a vehicle
- ✓ Acquires or uses a new location *
- ✓ Uses a contractor of any kind
- ✓ Forms a new entity
- ✓ Executes a lease
- ✓ Assumes contractual insurance obligations
- ✓ Acquires or uses an aircraft
- ✓ Acquires or uses a watercraft
- ✓ Plans a special event or activity
- ✓ Has a serious injury or accident
- ✓ Has any motor vehicle involved in an accident*
- ✓ Rents a vehicle
- ✓ Loans equipment to staff or students
- ✓ Has any injury or accident that may potentially be a problem. (i.e. parents upset, equipment or facility may be in question, general public injured on premises)

* indicates form attached for reporting purposes

Wells Fargo Insurance Services USA, Inc.

LIABILITY & SPECIAL EVENTS CERTIFICATE OF INSURANCE REQUEST

To: Gail Blagg New: or Reissue:
P. O. Box 1106
Grass Valley, CA 95945 Date: _____/_____/200____
Fax (530) 273-6459 Email gail.blagg@wellsfargo.com
Phone (530) 271-2722

Tri County Schools Insurance Group

Your District _____

Contact _____ Phone #: () _____

Name & Address of Certificate Holder (this is the name of who is asking for the certificate)

Attn: _____

Date & Time of Event/Activity: _____

School/Sponsor: _____

Location of Event/Activity: _____

Participants: _____

Special Requirements: _____

Description of Event/Activity: _____

Copy of Contract or Agreement (must be attached)

Additional Insured endorsement required? No Yes

Special endorsements or wording required? No Yes (attach copy)

Has District received waiver? No Yes

Requested by _____ Date _____

Mail _____ Fax _____ Attn: _____

Tri County Schools Insurance Group
Building/Contents/Portable Add/Update Appraisal Form

PLEASE COMPLETE FOR (EACH) BUILDING, CONTENTS, PORTABLE

District: _____ Contact Person: _____ Phone: _____ Date: _____

School: _____ Site Number: _____ Building Name: _____

Building Address: _____ City: _____ State: _____

Zip Code: _____

I. Building Change Type: (please check appropriate box)

New Building Building Addition Demolition / Removal New Portable

II. Date of Change/Acceptance (mm/dd/yr) ____/____/____ Facility Owned Facility Leased

III. Brief Description (usage): _____

IV. Occupancy: _____

V. Replacement Cost Building: _____ (excluding land, site improvements)

VI. Replacement Cost: Contents & Equipment: _____

Supplemental Building Data

Please complete this section for *New Building* and/or *Building Addition*:

Square Footage: _____ or Dimensions: _____ Year Built: _____

Automatic Sprinkler: Yes No

Intrusion Alarm: Yes No

Fire Detection System: Yes No

Fire Protection Class: _____ Construction Type: Frame Masonry All Steel # of Stories: _____

Supplemental Portable Data

Please complete this section for *New Portable*:

If portable leased, a copy of contract must be attached

Square Footage: _____ or Dimensions: _____ Construction Type: Frame All Steel Masonry

Foundation: _____ Yes No

Plumbing: _____ Yes No

Installation Costs: _____

Please return to TCSIG c/o Wells Fargo Insurance Services USA, Inc - call if you have questions:

P. O. Box 1106, Grass Valley, CA 95945
PHONE: 530.271-2722 or 530-274-7213
FAX: 530.273.6459

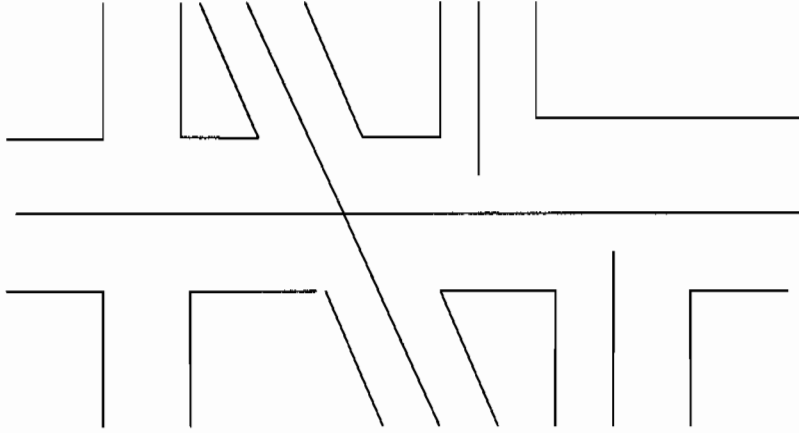
DISTRICT VEHICLE

DRIVER _____
LICENSE # _____
VEHICLE YR & MAKE _____
VEHICLE LICENSE # _____
AREA OF DAMAGE _____

**DESCRIBE HOW
ACCIDENT OCCURRED**

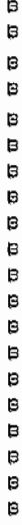
**DIAGRAM & MISCELLANEOUS
(IF NECESSARY)**

INDICATE ON THIS DIAGRAM WHAT HAPPENED

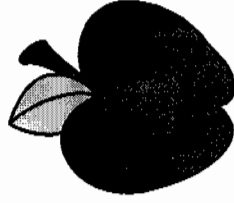


**Indicate
North
By Arrow**

**TRI COUNTY SCHOOLS INSURANCE GROUP
AUTO CLAIMS DEPARTMENT
P. O. Box 1106
GRASS VALLEY, CA 95949
530-271-2722 PHONE
530-273-6459 FAX**



SCHOOL DISTRICT:



REPORT OF ACCIDENT

1. Stop at once.
2. Provide assistance to any injured party.
3. Contact the local police authority.
4. Phone your supervisor if there is personal injury or extensive property damage.
5. Do not discuss the accident with anyone other than the police authority, our employer or a representative of the JPA.
6. Complete this report as soon as possible.

LIABILITY COVERAGE

THIS VEHICLE IS OWNED BY A PUBLIC ENTITY AND IS SELF-INSURED THROUGH THE MEMBERSHIP IN A JOINT POWERS INSURANCE AUTHORITY PURSUANT TO THE CALIFORNIA GOVERNMENT CODE.

INJURED

WITNESSES

SCHOOL DISTRICT _____
ACCIDENT DATE _____ TIME _____
LOCATION _____
POLICE AGENCY CALLED _____

OTHER PARTY

NAME _____
ADDRESS _____
PHONE: HOME _____
WORK _____

DRIVER'S LIC.# _____
AUTOMOBILE YR & MAKE _____

LICENSE NUMBER _____
AREA OF DAMAGE _____

PRIOR DAMAGE _____

INSURANCE COMPANY _____
ADDRESS _____

TELEPHONE NUMBER _____
NUMBER OF PASSENGERS _____

NAME _____ AGE _____
ADDRESS _____
PHONE: HOME _____
WORK _____

NATURE OF INJURY _____

NAME _____ AGE _____
ADDRESS _____
PHONE: HOME _____
WORK _____

NATURE OF INJURY _____

NAME _____ AGE _____
ADDRESS _____
PHONE: HOME _____
WORK _____

NATURE OF INJURY _____

NAME _____ AGE _____
ADDRESS _____
PHONE: HOME _____
WORK _____

NATURE OF INJURY _____

NAME _____ AGE _____
ADDRESS _____
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NATURE OF INJURY _____

NAME _____ AGE _____
ADDRESS _____
PHONE: HOME _____
WORK _____

NATURE OF INJURY _____

NAME _____
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NAME _____
ADDRESS _____
PHONE: HOME _____
WORK _____

NAME _____
ADDRESS _____
PHONE: HOME _____
WORK _____

WE TIP Information

Your District's membership in WE TIP is paid for by Tri-County Schools Insurance Group.

WE TIP provides a valuable service to assist you with common problems schools face such as vandalism, arson, and graffiti. In addition they have programs that help combat drug and gang activity.

The following page will give you a brief overview of the WE TIP program and the reward hot line.

In addition, there are brochures, posters and window stickers that may benefit your school sites.

Contact Wells Fargo Insurance Services USA, Inc. for brochures posters and other printed materials that may assist you.

Remember....THERE IS NO COST TO YOUR DISTRICT...TCSIG has already paid for this service.



WeTip's School Safety Program

WeTip's School Safety Program offers the WeTip anonymous hotline to students and their families. **THERE IS NO COST TO YOU!!! YOU ARE ALREADY A WETIP MEMBER, DON'T LET THIS VALUABLE RESOURCE GO TO WASTE!!!** WeTip's hotline is a way for people to get involved in establishing a safer community. Students are often afraid to report crime information because they fear reprisal from the person they are reporting. WeTip gives students and their families an opportunity to give information without fear.

When you call the WeTip hotline, the first words you will hear from the operator will be, "This is the WeTip crimeline, please do not give your name." The operator will then ask a series of questions, designed by law enforcement, to obtain the maximum amount of information about the reported crime.

WeTip information is immediately conveyed to the appropriate police, fire, and sheriff's agencies.

After the information is taken, if the informant requests a reward, a code name and number are assigned to the informant. The caller always remains absolutely anonymous (not just confidential).

Cash rewards of up to \$1000 are given upon verified reports from law enforcement that WeTip information was received prior to arrest and that the information was helpful in the arrest and conviction.

The reward drop is made at a designated postal location, using the assigned code names and case numbers. No personal contact is ever made with the informant.

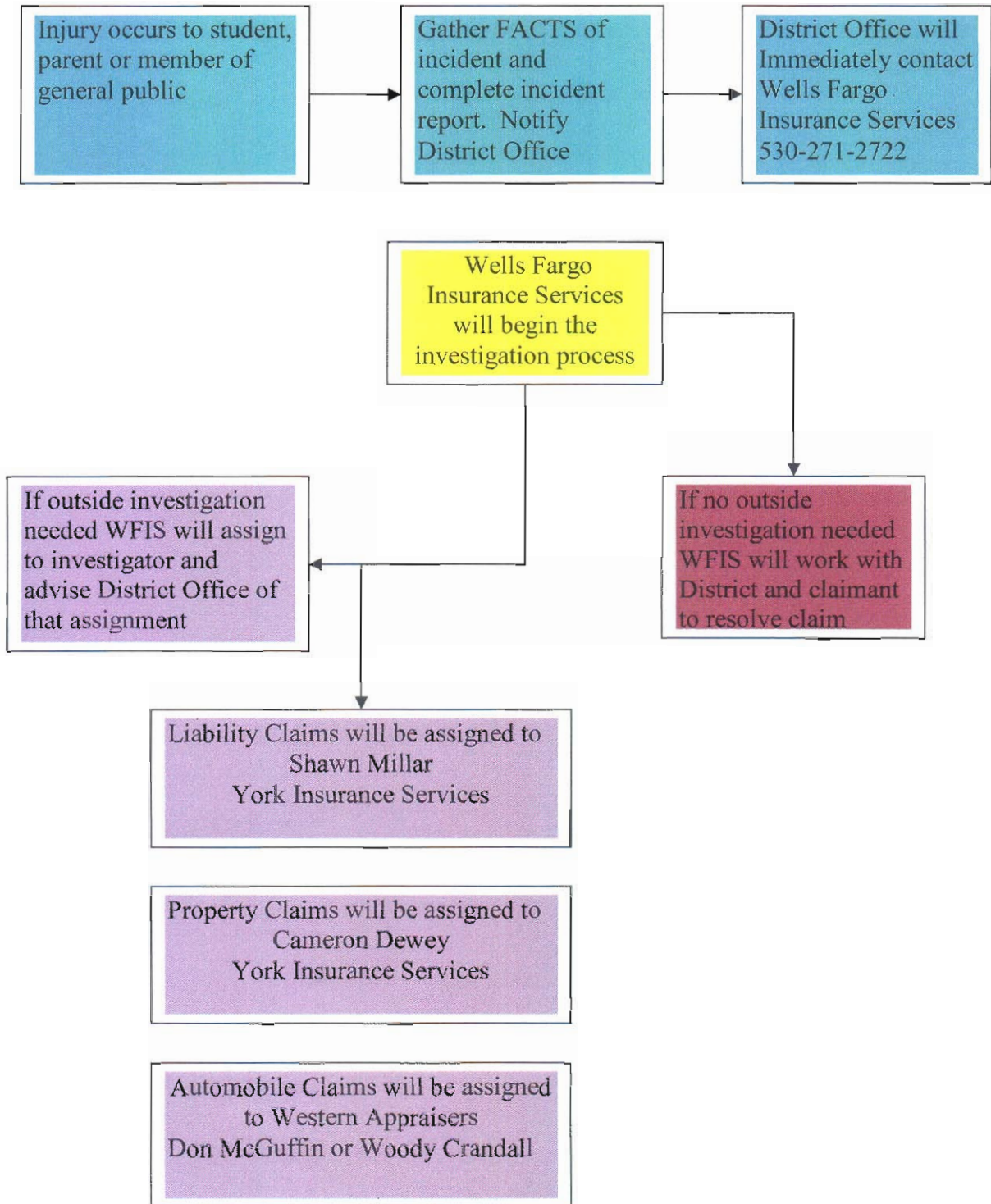
You can call this number 24 hours a day and
Report your concerns to us.

No one will ask your name, you will remain anonymous.

(800) 78-CRIME

(800)-782-7463

WHAT TO DO WHEN AN ACCIDENT OCCURS



DO'S AND DON'TS OF INCIDENT REPORT COMPLETION

In the event of litigation information on incident reports can be **vital**. Keep that in mind when completing the report.

DO'S

Fill out form with clear concise
FACTS

Be sure you have witness names and phone numbers

Complete reports promptly and get them to District Office

DON'TS

NO Opinions of accident
FACTS *only*

NO request for maintenance
Use a separate form

NO incomplete reports
NO untimely reports

TO BE COMPLETED IMMEDIATELY! THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE STUDENT INJURY OR IS SUPERVISING THE STUDENT AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE PRINCIPAL'S OFFICE BY MEANS OF A SUPPLEMENTAL REPORT.	INCIDENT REPORT THIS REPORT IS FOR THE CONFIDENTIAL USE OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION
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School District:	School:
School Address:	Phone No:
Name of Person Injured:	Contact:
Mailing Address:	Phone No.:
Where did Accident Occur?	Age: Grade:
How did Accident Occur?	Guardian:
	Date:
	Time:

Nature of Injury:	First Aid Applied:
	By Whom:
Disposition of Injured (return to class, home, doctor, hospital):	Does Injured Person have School Accident Insurance:
	yes () no ()

WITNESSES PRESENT AT TIME OF ACCIDENT		
NAME	ADDRESS	PHONE NUMBER

Have parents contacted school? If yes explain in comments.	Were parents contacted by school? If yes, explain in comments.	Were parents or student told they would be contacted again? If yes explain in comments
Yes () No ()	Yes () No ()	Yes () No ()

COMMENTS:

FOLLOW UP:

Report Submitted by:	Position:	Date:	Principal or Designate:	Date:

Property Loss/Automobile Loss

Information and Documentation

If you have a property loss at your site, the following information will be needed to process a claim.

1. Original purchase invoices and original replacement invoices. If original invoices for the purchase are unavailable; an inventory sheet can be used to substantiate you owned the damaged or stolen property.
2. Employee time cards for time spent due to loss.
3. Copy of police report or name of agency reported to and report number.
4. Purchase orders CANNOT be used in lieu of replacement invoices. There can be differences between purchase orders and final invoices. We must have invoices for final settlement.
5. If the loss is due to vandalism or the fault of another party, obtain as much information from the police as possible. If loss is due to some defect, protect all evidence of defect. This will enhance the subrogation potential. Do not turn subrogation over to probation. Do not appear in court for restitution hearings unless Wells Fargo Insurance Services has been notified of the hearing and has given input. Do not agree to community service in lieu of restitution. Keep in mind you are in a self-insured program. You have suffered the entire loss, not just your deductible portion. Forward any forms received from probation or court to Wells Fargo Insurance Services USA, Inc. for completion. In cases involving juveniles, our ability to obtain names is very limited. You may be able to obtain names with less difficulty. If names are available, please forward along with any parental information such as address or phone number you may have whenever possible.
6. If in doubt on any aspect of a claim, contact Wells Fargo Insurance Services USA, Inc. or your District office.
7. If you have an automobile physical damage loss complete the automobile accident form. All repairs MUST BE AUTHORIZED BY WELLS FARGO INSURANCE SERVICES USA, INC. OR WESTERN APPRAISERS PRIOR TO WORK BEING DONE. If the damage is \$2,500 or less we will require 2 estimates for the damage and pay based upon the lowest. If the damage is over 2,500 we will need an adjuster from Western Appraisers to inspect.

TRI COUNTY SCHOOLS INSURANCE GROUP DAMAGE TO OR THEFT OF DISTRICT PROPERTY

SITE

DATE OF INCIDENT

DESCRIPTION OF INCIDENT

LAW ENFORCEMENT AGENCY REPORTED TO

Report Number

Signature of person making report

If report is for theft or damage to property attach list of all items damaged or missing.

If report is for damage to an automobile attached two estimates of damage and complete automobile accident report form.

When complete fax to Wells Fargo Insurance Services USA, Inc. 530-273-6459

Or email to gail.blagg@wellsfargo.com

TRANSPORTATION GUIDELINES AND SAMPLE POLICY

We understand that transportation is a major issue for most School Districts and can involve many situations. The attached information is intended to provide you with a sample policy, information on the DMV Pull Notice Program, and a sample Driver information form. The policy included is a sample from another District and we suggest each District develop their own policy based upon their District's transportation needs.

Schools Insurance Group has the following recommendations for member Districts

1. Only District employees are permitted to drive District vehicles.
2. Vehicles rented for use by the District are covered by Schools Insurance Group the same as an owned vehicle as long as the vehicle is **RENTED IN THE NAME OF THE DISTRICT**. If vehicle is rented in the name of a teacher or volunteer then their personal automobile insurance is primary unless they purchase insurance from the rental car company.
3. Volunteer drivers should be at least 21 years of age.
4. Students should **NEVER** be allowed to transport other students.
5. Transportation departments should **NEVER** inspect volunteers vehicles and deem them as safe or roadworthy.
6. When contracting with a commercial Charter company carefully review all insurance coverages of the company and verified the validity of their insurance with a certificate of insurance and additional insured endorsement in favor of the District.

If you have any questions regarding any of the recommendations please be sure to contact Wells Fargo Insurance Services USA, Inc. We are happy to review certificates of insurance that you have received or contracts that you have entered into.

DMV PULL NOTICE PROGRAM

The Department of Motor Vehicles has instituted a program whereby the District can "sign up" to automatically receive driving records for specified employees. This is an excellent method of maintaining current information on the status of the driving records of employees who regularly drive on District business. The DMV will provide employee driving records information to the District free of charge.

The District should:

1. Identify all employees who regularly drive a vehicle on District business. (Bus drivers are automatically checked by the State Highway Patrol)
2. Obtain Government Requester Code Number. You may obtain the necessary forms by calling the "DMV Pull Notice Program" at (916) 657-6346. Forms are also available online at: dmv.ca.gov/forms/forms.htm.
3. Complete the DMV request form for each employee.
4. Mail completed request to:

Department of Motor Vehicles
Information Services
P.O. Box 944231
Mail Station H221
Sacramento, California 94244-2310

Note: Normal processing time for a DMV check is thirty (30) days.

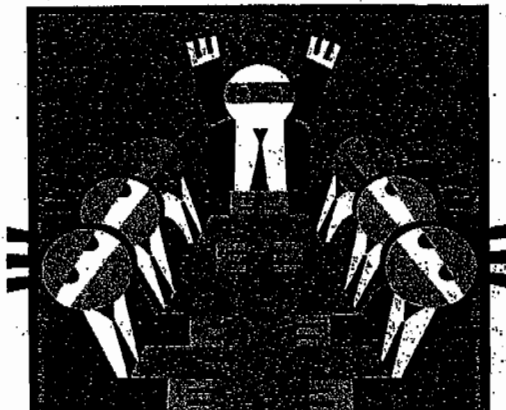
5. Discuss any questionable driving records with Sierra Self-Insurance Services.

Field/Activity Trips

School Sponsored Trips

The Governing Board recognizes that school-sponsored trips are important components of a student's development. Besides supplementing and enriching classroom learning experiences, such trips encourage new interests among students, make them more aware of community resources, and help them relate their school experiences to the outside world. The Board believes that careful planning can greatly enhance the value of such trips.

All field trips shall begin and end at the school. Field trips requiring school bus transportation shall not interfere with regularly scheduled transportation of students to and from school.



Field Trip Transportation

The following priority shall be observed for student transportation for field trips/activity trips in Yuba City Unified School District. If walking is a more appropriate mode of transportation as determined by principal and staff, it shall move up the "use priority" list.

- a. District school buses
- b. District vehicles other than school buses
- c. Private or public service contract vehicles (i.e., charter vehicles approved by the Public Utilities Commission.
- d. Private vehicles
- e. Walking
- f. Bicycle

If there are any circumstances that make this priority list unrealistic, contact the Superintendent or designee.

District assigned vehicles must be used if more than 16 students are to be transported. If this is not economically feasible, contact the Superintendent or designee.



a.



b.



c.



d.



e.



f.

Guidelines for Field Trip Transportation

The use of district-wide permission slips shall be mandatory. It shall include a Consent To Treat (medical release) Form and a notice to parents of the type of transportation to be used. This form shall be in duplicate with a copy on file at the school and a copy accompanying the vehicle on the trip. All permission/medical release slips must be kept by the teacher in charge. For after school sports in grades 7-12, permission/medical release slips can be a blanket form for each sport and will include a schedule of games (including times and places and mode of transportation). A district activity roster record shall be completed prior to district field trips. A line of communication and responsibility, in case of emergency, shall be designed. Trips of 150 miles (one way) must be approved by the Superintendent or designee.

Supervision

Students on approved trips are under the jurisdiction of the Governing Board and subject to school rules and regulations.

Teachers, other certificated personnel, or chaperones shall accompany students on all trips and shall assume responsibility for their proper conduct.

Before the trip, teachers shall provide any adult chaperone who may accompany the students with clear information regarding their responsibilities.

Chaperones, other than parent's or guardian's, shall be 21 years of age or older. Younger chaperones must obtain prior approval from the Superintendent.

Chaperones shall be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities.

Teachers and chaperones shall not consume alcoholic beverages or use controlled substances while accompanying and supervising students on a trip.

When a trip is made to a place of business or industry, the teacher shall arrange for an employee of the host company to serve as conductor.

Event / Permission for Transportation Form (Type And Check To Trip Type)

Student _____
Parent of Student _____

has the opportunity to take part in a variety of school activities away from school.
Participation in these events is purely voluntary and requires your written permission. If you
approve the following arrangements, please sign at the bottom and return the form to the
teacher sponsor or coach.

NATURE OF ACTIVITY: _____
DESTINATION: _____ TIME OF DEPARTURE: _____ TIME OF RETURN: _____
DATE: _____

TRANSPORTATION: Students must use the means of transportation checked below and
to not check the one(s) unless permission by parent/guardian is provided to school
officials prior to departure.

A. District-owned bus _____
B. District-owned vehicle _____
C. Commercial (Plane or Company) _____
D. Private vehicle _____
E. Walking _____
F. Bicycle _____

THE SUPERVISOR:
I hereby agree in the case of medical emergency, illness, or injury that the recipient has my
express permission to take the above-named student to a doctor or medical facility to receive
emergency treatment.

Date: _____ Signature of Parent or Guardian: _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:

EMERGENCY PHONE NUMBERS:

*For schedule of events (if more than one event) see attached sheet.

THIS FORM MUST BE COMPLETED FOR EACH SPECIFIC EVENT AND
SUBMITTED FIVE SCHOOL DAYS BEFORE THE FIRST SCHEDULED EVENT

RAHBA YUBA CITY UNIFIED SCHOOL DISTRICT
Revised September 23, 1997 Yuba City, California

Out of State Travel

Due to the wording specifically con-
tained in the Education Code, the
district shall require all adults taking
out-of-state field trips or excursions and
all parents/guardians of students taking
field trips and/or excursions to sign a
statement waiving claims against the
district.

District School Bus Information

District School Bus

To reserve a district school bus, complete a standard district transportation request. This form shall be completed by the requestor, budget coded, approved by the site administrator, and submitted to the Transportation Department at least 10 days prior to the trip date. Reserve your bus as early as possible to avoid having to reschedule your trip.

Due to the limited amount of school buses and drivers during bell schedules, no bus reservation is guaranteed until the Transportation Department has a completed standard district transportation request. District school buses are available on a first come, first serve basis.

You may contact the Transportation Department via telephone at 822-5275 to check availability of district school buses for a specific date.

YUMA CITY UNIFIED SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION

School: _____
Number of students, vehicles, or buses: _____
Destination (for loading): _____
Purpose of trip: _____
Loading time (approximate): _____
Drop-off time (approximate): _____
Number of passengers: _____
Type of vehicle requested: _____
Number of days requested: _____
Originator of request: _____
Program/Project Code: _____
Transportation type and date requested: _____
Transportation Services Manager: _____

TRANSPORTATION DEPARTMENT USE ONLY

Total cost: _____
Total amount: _____
Other charges: _____
TOTAL \$: _____

Bus Conduct

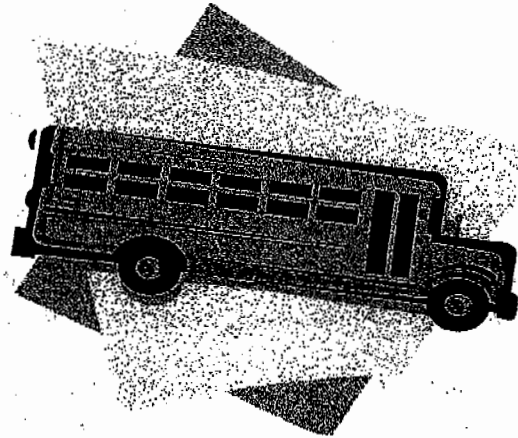
Riders shall follow the instructions of the driver at all times. Disrespect to the driver or refusal to obey instructions will result in disciplinary action.

Riders should arrive at the pick-up location on time and stand in a safe place.

Riders shall enter the vehicle in an orderly manner and go directly to their seat.

Riders shall remain seated at all times while the vehicle is in motion and shall not obstruct the aisle with their legs, feet, or other objects. When reaching their destination, riders shall remain seated until the vehicle stops.

Riders shall be courteous to the driver and fellow passengers.



Because serious safety hazards can result from noise or behavior that distracts the driver, laughing loudly, yelling, singing, throwing objects, smoking, standing, and changing seats are prohibited.

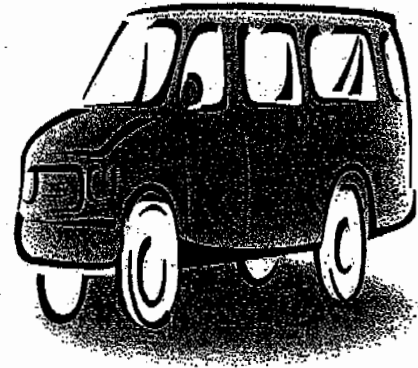
No part of the body should be put out the window. Riders shall not yell at other vehicles. Riders shall not throw items from the bus at other vehicles.

Riders shall not damage or deface the vehicle or tamper with any equipment.

District Vehicles Other Than School Buses

District Vehicles

The second priority to be used for field/activity trips after a district school bus is district owned or leased vehicles. This would include district owned vans, automobiles, pick-up trucks, suburbans, or any other district owned vehicle designed to carry passengers and licensed to operate on public roadways. The Transportation Department shall be in charge of the assignment of district vehicles.



District Vehicle Operator Regulations

Drivers shall be a district employee to operate district owned vehicles.

Drivers shall be at least 21 years of age, unless authorized by the superintendent or designee in advance of the activity.

Drivers shall be registered in the DMV pull notice program with the Transportation Department.

Drivers shall perform a safety inspection of the vehicle prior to operation to ensure it is in safe and reliable operating condition. (oil, water, tires, lights, etc.)

Drivers shall ensure that the number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed, and never more than 10.

Drivers shall ensure that all passengers, including the driver, shall wear seat belts/passenger restraints in accordance with state and federal laws.

Drivers shall receive safety and emergency instructions from the site/employee responsible for the activity.

Drivers shall carry with them emergency telephone numbers for site and district administration.

Drivers shall notify or cause to be notified site or district administration if a district owned vehicle is involved in any accident.

Drivers shall return district vehicles clean and free of rubbish.

Drivers shall report any damage or vehicle malfunction to site or district administration.

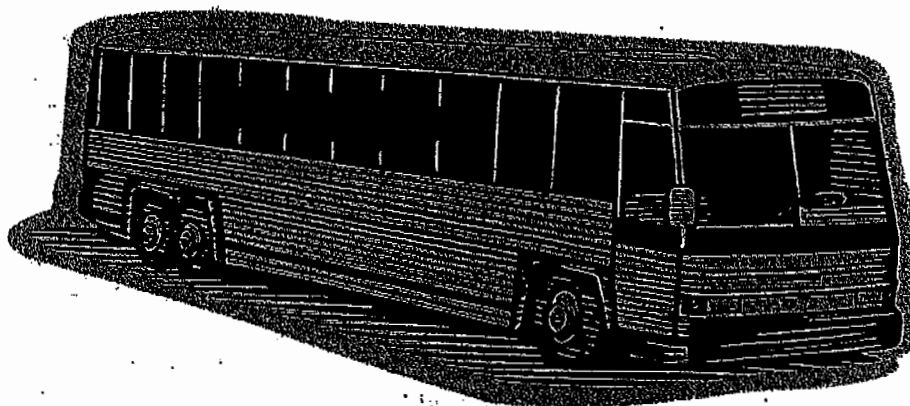
Private or Public Service Contract Vehicles

Private or Public Charters

The third form of authorized district transportation is private or public service contract vehicles, better known as charters. If District transportation is unavailable, the District Transportation Director shall arrange for a qualified charter carrier.

All charters for the district must be arranged by and through the Transportation Department.

All charter services must provide the District with a certificate of insurance and an additional insured endorsement in favor of the District prior to the contract for the service being executed.



Private Charter Requirements



District administration shall require all contract carriers to be Public Utilities Commission (PUC) licensed. The PUC carrier shall hold the district harmless for any damages occurring during, or by reason of, the transportation provided for the field trip or excursion. The PUC carrier shall have the district named as an additional insured for the field trip or excursion. In order to facilitate these endorsements, the district will contract with PUC carriers who can make available "advance additional insured blanket endorsement."

Private Vehicles

Transportation by Private Vehicles

Transportation by private vehicle is the fourth option available for student activity trips in Yuba City Unified School District, if the first three options are not viable. The Superintendent or designee may authorize the transportation of students by private vehicle when the vehicle is driven by an adult, age 21 or older, who possesses a valid California driver's license or a valid license from his/her state of residence, if he/she is a nonresident on active military duty in California. Any person providing transportation in a private vehicle shall have registered with the district for such purposes.

Site Information

Drivers shall receive safety and emergency instructions from the site responsible for the trip, which shall be kept in their vehicle.

Drivers shall submit a copy of their H-6, (DMV driving record) to the site. Sites shall review the H-6 to assure there are no more than 2 points against the driving record, (contact the Transportation Department if you are not sure).

Drivers shall register in the D.M.V. Pull Notice Program with the district's Transportation Department prior to transporting students.

All student passengers shall submit permission slips signed by their parents/guardians. Staff shall ensure that each driver has a copy of the permission slip for each student riding in his/her vehicle.

Vehicle owners, drivers and passengers shall be informed that the registered owner and his/her insurance company are responsible for any accidents or violations that may occur.

The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed.

Motor trucks may not transport more persons than can safely sit in the passenger compartment.

Driver Requirements

The driver shall ensure that the manufacturer's recommendations for his/her vehicle are followed regarding the seating of children in seats equipped with airbags.

The driver shall ensure that all passengers, including the driver, wear seatbelts in accordance with the law.

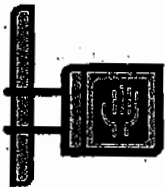
The driver shall ensure that the number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed, and should not in any case exceed ten passengers.



Walking

Walking Trips

Walking is the fifth priority on the list for field trip transportation in Yuba City Unified School District. Although the transportation departments is not involved in the scheduling of walking trips there are still some basic safety rules that should be followed to ensure student safety.



Walking Safety

Plan your route and allow enough time to complete your trip in the allotted time

Have ample supervision to supervise all students on a walking activity

Cross streets at corners

Use crosswalks whenever possible

Obey traffic signals

Check for approaching vehicles before crossing even with the green light or "walk" sign on

Look both ways when crossing streets and continue looking both ways while you cross

Walk facing oncoming traffic if no sidewalks are available

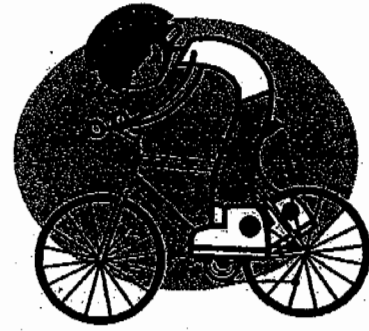
Wear light colored clothing if walking at dawn or dusk

Stay together as a group while traveling to and from activity trips

Bicycling

Bicycling

The sixth form of transportation listed in Board Policy is bicycling. Please follow the list safety rules if using bicycles as a mode of transportation for an activity trip.



Bicycle Safety

Always wear helmets according to the law. Make sure that helmets are the correct size and that they are worn properly

Always ride on the right side of the road with the traffic flow, not against it

Obey all traffic signs and signals and rules of the road

Use proper hand signals

Stop at all intersections and crosswalks, both marked or unmarked

Stop and look both ways before entering the street

Yield the right of way to pedestrians

If riding at dawn or dusk, wear reflective clothing and make sure the bike has a headlight and rear reflector

Make sure the bike is in good working order, especially the brakes

Stay alert and look for obstacles in your path

TRANSPORTATION GUIDELINES AND SAMPLE POLICY

We understand that transportation is a major issue for most School Districts and can involve many situations. The attached information is intended to provide you with a sample policy, information on the DMV Pull Notice Program, and a sample Driver information form. The policy included is a sample from another District and we suggest each District develop their own policy based upon their District's transportation needs.

Tri County Schools Insurance Group has the following recommendations for member Districts

1. Only District employees are permitted to drive District vehicles.
2. Vehicles rented for use by the District are covered by Tri County Schools Insurance Group the same as an owned vehicle as long as the vehicle is **RENTED IN THE NAME OF THE DISTRICT**. If vehicle is rented in the name of a teacher or volunteer then their personal automobile insurance is primary unless they purchase insurance from the rental car company.
3. Volunteer drivers should be at least 21 years of age.
4. Students should **NEVER** be allowed to transport other students.
5. Transportation departments should **NEVER** inspect volunteers vehicles and deem them as safe or roadworthy.
6. When contracting with a commercial Charter company carefully review all insurance coverages of the company and verified the validity of their insurance with a certificate of insurance and additional insured endorsement in favor of the District.

If you have any questions regarding any of the recommendations please be sure to contact Wells Fargo Insurance Services USA, Inc. We are happy to review certificates of insurance that you have received or contracts that you have entered into.

DISTRICT

Volunteer Driver Information

DRIVER INFORMATION: *(please print)*

Name: _____

Address: _____
Street City State Zip Code

Driver's License Number: _____ / _____ Date of Birth _____ / _____ / _____
Number State Month Day Year

Driver License Expiration Date: _____

Please attach a current copy of Driver's License, if applicable.

VEHICLE INFORMATION: *(please print)*

Make: _____ Model: _____ Year: _____

Vehicle License Number: _____

Registered Owner: _____ Phone Number: () _____

Address: _____
Street City State Zip Code

INSURANCE INFORMATION: *(please print)*

Insurance Carrier: _____

Insurance Agent: _____ Phone Number: () _____

Address: _____
Street City State Zip Code

Policy Number: _____

Date Issued: _____ Expiration Date: _____

Limits of Liability _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and current license and vehicle registration, and have at least \$100,000.00 combined single limit minimum insurance coverage in effect on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger while transporting students.

I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION.
California Education Code 35330 and 5 CCR 55220.

I give my permission to allow the _____ District to obtain my motor vehicle record from the Department of Motor Vehicles.

(Signature)

(Date)

(Name -- Please Print)

Transportation by Private Vehicle

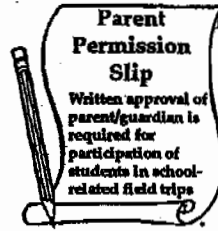
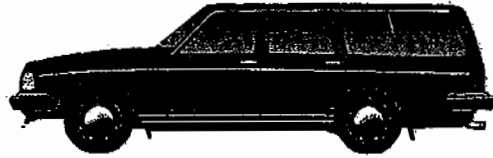
The Superintendent or designee may authorize the transportation of students by private automobile for approved field trips and activities when the vehicle is driven by an adult who has registered with the district for such purposes.

Before transporting students on any field trip or activity, drivers shall register with the district. Drivers shall receive safety and emergency instructions which shall be kept in their car. All student passengers shall provide permission slips signed by their parents/guardians.

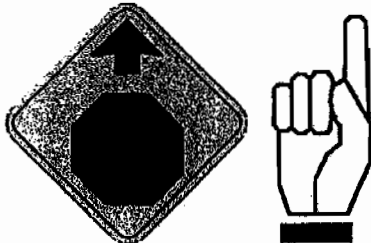
Drivers shall be required to possess a valid California driver's license and liability insurance of at least \$100,000 per occurrence.

All individuals must submit a current Driving Record Individual Report from the Department of Motor Vehicles. Any individual who has a total of 2 or more points including any pending offenses will not be allowed to transport students.

Owners, drivers and passengers shall be informed that the registered owner and his/her insurance company are responsible for any accidents which may occur. District personnel who frequently transport students in their private vehicles are urged to carry liability insurance of \$300,000 or more per occurrence.



DMV Driving Record Individual Report



All drivers and passengers shall wear seat belts in accordance with law. (Vehicle Code 27315)



Trucks and pickups may not transport more persons than for which the passenger compartment is designed.

The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten.

(Education Code 39830) More than nine passengers and the driver, a total of ten occupants, in a vehicle constitutes a school bus.



A line of communication and responsibility in case of emergency shall be designed.

District assigned vehicles must be used if more than 16 students are to be transported. If this is not economically feasible, please contact the Superintendent or designee.



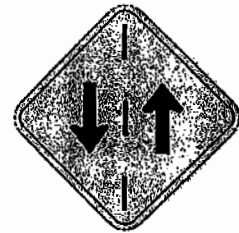
Any of the guidelines regarding field trip transportation may be waived by the Superintendent. The Superintendent shall inform the Board of such a decision.

The annual notification to students and parents concerning the rules pertaining to the discipline of students shall include the rules governing student behavior on field trips and the following rules for student behavior on student activity trips. Failure of a student to conform to the rules may be grounds for disciplinary action.

1. All school-sponsored activity trips and rooter bus trips shall begin and end at the school unless the Superintendent approves a specific request for a change.
2. Students riding on an activity bus or vehicle are under the supervision of school personnel and authorized parents.
3. The students will be held accountable for any unacceptable behavior during the activity.

Student Conduct

Because passengers' behavior can directly affect their safety and the safety of others, the following regulations apply at all times when students are passengers, including school activity trips.



1. Riders shall follow the instructions and directions of the driver at all times. Disrespect to the driver or refusal to obey instructions will result in disciplinary action.
2. Riders should arrive at the pick-up stop on time and stand in a safe place to wait quietly for the transportation.
3. Riders shall enter the vehicle in an orderly manner and go directly to their seats.

4. Riders shall remain seated while the vehicle is in motion and shall not obstruct the aisle with their legs, feet, or other objects. When reaching their destination, riders shall remain seated until the vehicle stops and only then enter the aisle and go directly to the exit.
5. Riders should be courteous to the driver and to fellow passengers.
6. Because serious safety hazards can result from noise or behavior that distracts the driver, loud talking, laughing, yelling, singing, whistling, scuffling, throwing objects, smoking, eating, drinking, standing and changing seats are prohibited actions which may lead to suspension of riding privileges.
7. No part of the body, hands, arms or head should be put out of the window. Riders shall not yell at cars or people on the street. Nothing should be thrown from the vehicle.
8. Riders shall not damage or deface the vehicle or tamper with any equipment.
9. No animals, other than seeing eye animals, shall be allowed without express permission from the principal or designee.
10. Riders should be alert for traffic when leaving the vehicle.

Out-of State Travel

Due to the wording specifically contained in the Education Code, the district shall require all adults taking out-of-state field trips or excursions and all parents/guardians of students taking field trips and/or excursions to sign a statement waiving claims against the district.

Supervision



1. Students on approved trips are under the jurisdiction of the Board and subject to school rules and regulations.
2. Teachers, other certificated personnel, or chaperones shall accompany students on all trips and shall assume responsibility for their proper conduct.
3. Before the trip, teachers shall provide any adult chaperones who may accompany the students with clear information regarding their responsibilities.
4. Chaperones, other than parent(s) or guardian(s), shall be 21 years of age or older. Younger chaperones must obtain prior approval from the Superintendent.
5. Chaperones shall be assigned a prescribed group of students and shall be responsible for the continuous monitoring of these students' activities.
6. Teachers and chaperones shall not consume alcoholic beverages or use controlled substances while accompanying and supervising students on a trip.
7. When a trip is made to a place of business or industry, the teacher shall arrange for an employee of the host company to serve as conductor.



Business and Noninstructional Operations

School Related Trips

DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips, please:

1. All individuals must submit a current Driving Record Individual Report from the Department of Motor Vehicles. Any individual who has a total of 2 or more points including any pending offenses will not be allowed to transport students.
2. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance of at least \$100,000 per occurrence.
3. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
4. Carry only the number of passengers for which your vehicle was designed.
5. If the vehicle is a truck or pickup, occupants shall only be carried in the passenger compartment.
6. The number of passengers, including the driver, shall not exceed the capacity for which the vehicle was designed and should not in any case exceed ten. (Education Code 39830) More than nine passengers and the driver, a total of ten occupants, in a vehicle constitutes a school bus.
7. Require each passenger to use a safety belt.

In case of emergency, keep all the children together and call _____ .

_____ DISTRICT

Volunteer Driver Information

DRIVER INFORMATION: *(please print)*

Name: _____

Address: _____
Street City State Zip Code

Driver's License Number: _____ / _____ Date of Birth _____ / _____ / _____
Number State Month Day Year

Driver License Expiration Date: _____

Please attach a current copy of Driver's License and DMV print out from DMV.

VEHICLE INFORMATION: *(please print)*

Make: _____ Model: _____ Year: _____

Vehicle License Number: _____

Registered Owner: _____ Phone Number: () _____

Address: _____
Street City State Zip Code

INSURANCE INFORMATION: *(please print)*

Insurance Carrier: _____

Insurance Agent: _____ Phone Number: () _____

Address: _____
Street City State Zip Code

Policy Number: _____

Date Issued: _____ Expiration Date: _____

Limits of Liability _____

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have the proper and

current license and vehicle registration, and have at least \$100,000.00 combined single limit minimum insurance coverage in effect on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger while transporting students.

I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION.
California Education Code 35330 and 5 CCR 55220.

I have attached a copy of my driving record that I have obtained from the DMV

(Signature)

(Date)

(Name – Please Print)

BOARD POLICY SAMPLE

_____ School District

POLICY FOR USE OF SCHOOL FACILITIES AND GROUNDS

The Board believes that the school facilities of the _____ School District should be made available for community purposes under the supervision of responsible persons. This is provided such that use does not interfere with the educational program of the schools. The Board will permit the use of school facilities on a first-come, first-served basis when such request has been made in writing and has been approved by the Superintendent or the Principal.

In the event of competing requests, priority will be determined as follows:

1. Groups directly related to the schools and the operation of the schools including parent teacher groups.
2. Departments or agencies of the local, state or federal government.
3. Community organizations forms for the educational, political, economic, artistic or moral interest of the citizens of the county.

The following guidelines will be strictly followed:

1. No use of school property shall be authorized until the applicant has completed and filed with the School District an authorization to apply for use of school property, pursuant to Education Code Section 38131 et seq.
2. The use of school facilities shall not be granted to any individual, society, group or organization which commits any act intended to further any program or movement, the purpose of which is to accomplish the overthrow of the government by force, violence or other unlawful means while using school property, pursuant to the provisions of Education Code Section 38135. A signed statement of information as

authorized by Education Code Section 38136 shall be executed and filed by each user.

3. Use of equipment in conjunction with facilities must be specially requested and may be granted by the procedure for obtaining permission to use the facilities. The user of equipment shall be liable for any damage or loss or such equipment that occurs while it is in his or her use or possession.
4. In accordance with Education Code Section 38131, the District may grant the use of school buildings or grounds to any church or religious organization for the conduct of any religious service for temporary periods where such church organization does not have a suitable meeting place for the conduct of such services, upon such terms and conditions as described herein, and subject to the limitations, requirements and restrictions set forth in Education Code Section 38131, et seq. The Governing Board shall charge any church or religious organization using such property for the conduct of religious service an amount at least sufficient to pay the District's "Direct Costs".
5. As used in this section, "Direct Costs" to the district for the use of school facilities or grounds means those costs of supplies, utilities, janitorial services, services of any other district employees, and salaries paid school district employees necessitated by the organization's use of the school facilities and grounds of the District.
6. No use shall be inconsistent with the use of the buildings or grounds for school purposes or interfere with the regular conduct of school work. (Education Code Section 38133).
7. No privilege of using the buildings or grounds shall be granted for a period exceeding one year by the School District. The privilege is renewable and revocable at the discretion of the Governing Board at any time.
8. The District shall grant without charge the use of any school facilities or grounds under its control when an alternative location is not available to non-profit organizations, clubs or associations organized to promote youth and school activities including but not limited to:

- a. Girl Scouts, Boy Scouts, Campfire, Inc.
- b. Parent-Teacher Association
- c. School/Community advisory councils.

This paragraph shall not apply to any group which uses school facilities or grounds for fund raising which is not beneficial to youth or public school activities of the District, as determined by the Governing Board.

Any user of school facilities or grounds described in this paragraph 8 shall not be liable for any injuries resulting from the negligence of the District in the ownership and maintenance of those facilities or grounds. Any group using school facilities or grounds described in this paragraph 8 shall be liable for any injuries resulting from the negligence of that group during the use of those facilities or grounds. The District and the group shall each bear the cost of insuring against its respective risks and shall each bear the costs of defending itself against claims arising from those risks. Nothing in this paragraph shall be construed to limit or affect the immunity or liability of the district under Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, for injuries caused by a dangerous condition of public property.

9. Except as set forth in this Policy, including paragraphs 5 and 10, for any other use of school property and grounds pursuant to the provisions of the Education Code or this policy District rules and regulations, including uses for which charges may be made under Government Code Section 38134, the District shall charge for the use of said school houses, property, and grounds in a sum not to exceed its "Direct Costs".
10. In the case of entertainment or meetings where admission fees are charged or contributions are solicited and the net receipts are not expended for the welfare of the pupils of the District or for charitable purposes, a charge shall be made for the fair rental value of the school property and grounds as determined by the Governing Board. The fair rental value means the "Direct Costs" to the District, plus the amortized cost of the school facilities or grounds used for the duration of the activity. (Education Code Section 38134).
11. The Superintendent shall be delegated the right to revoke a request for use of school facilities at any time. The applicant

retains the right of appeal from the Superintendent's revocation to the Board.

12. The District shall not authorize the use by any group under Education Code Section 38131, et seq., or otherwise, if the costs incurred by the District in support of said request for use of school property will come out of programs funds or out of the budget funds for the District, excluding the surplus account.
13. If any group activity results in the destruction of school property, the group may be charged for an amount necessary to repay the damages, and further use of facilities may be denied. Education Code 38134(f).

REQUEST FOR USE OF FACILITIES

SCHOOL DISTRICT

1. _____
(Organization Making Request) _____ (Date of use) _____ (Time of use)

2. Facilities Requested _____
(Specify School)

Ball Field/Playground	_____	Library	_____
Gymnasium	_____	Other: Specify	_____
Multi-Use Room	_____	_____	_____
Kitchen/Serving Room	_____	_____	_____

3. How will facilities be used? _____

Is attendance restricted?	_____	If yes, explain	_____
Admission charged?	_____	If so, how much	_____

Number in attendance	_____		
Rental/Deposit	_____	(must be paid in advance)	
Special Arrangements	_____		_____

4. STATEMENT OF APPLICANT: The undersigned applicant is an authorized official of the group submitting this application. The applicant has read the District's rules and regulations.

It shall be distinctly understood, and agreed, that subject applicant and related organization making this application assume **ALL RISK FOR LOSS, DAMAGE, LIABILITY, INJURY, COST OR EXPENSE** that may arise during or be caused in any way by such use or occupancy of the facility. Applicant waives all claims against the District, its Board, employees and agents for injury, accident, illness, death or property damage arising out of the use or occupation of the facility.

The applicant further agrees that in consideration of being permitted to use said facilities, the applicant and/or organization will save and hold said

_____ School District and their agents and employees free and harmless from any loss, claim, liability, damages, and/or injuries

to persons and property that in any way may arise out of the applicant's use or occupancy of said facilities.

I declare under penalty of perjury that the foregoing is true and correct.

Signed _____ Address _____
Title _____ Date _____ Phone _____

Liability Insurance Carrier & Policy Number _____
Additional insured endorsement attached Yes ___ No ___ if no, request

**DISTRICT VOLUNTEERS
SAMPLE BOARD POLICY
AND
ADMINISTRATIVE REGULATIONS**

The Governing Board encourages parents/guardians and other members of the community to share their time, knowledge and abilities with our students. Community volunteers in our schools enrich the educational program and strengthen our schools' relationships with homes, business, public agencies and private institutions. The presence of volunteers in the classroom and on school grounds also enhances supervision of students and contributes to school safety.

The Superintendent or designee may authorize the use of volunteers and shall establish procedures to protect the safety of students and adults in accordance with laws related to tuberculosis testing, fingerprinting and criminal records checks.

(cf. 4127/4227/4327 – Temporary Athletic Team Coaches)

Volunteers shall act in accordance with district policies, regulations and school rules. At his/her discretion, a staff member who supervises volunteers may ask any volunteer who violates school rules to leave the campus. Staff members also may confer with the principal or designee regarding any such volunteers. The superintendent or designee shall be responsible for investigating and resolving complaints regarding volunteers.

(cf. 0410 – Nondiscrimination in District Programs and Activities)

(cf. 5144 – Discipline)

(cf. 6144 – Controversial Issues)

Volunteer maintenance works shall be limited to those projects which do not replace the normal maintenance duties of classified staff. The Board nevertheless encourages volunteers to work on short-term projects to the extent that they enhance the classroom or school, meet a specific need, comply with established building and safety codes, do not significantly

increase maintenance workloads and comply with employee commitments and contracts.

Volunteer aids shall not be used to assist certificated staff in performing teaching or administrative responsibilities in place of regularly authorized classified employees who have been laid off. (Education Code 35021)

The Board encourages principals to develop a means for recognizing the contributions of each school's volunteers.

DEFINITIONS

Volunteer nonteaching aides may supervise students during lunch and/or breakfast periods or may serve as nonteaching aides under the immediate supervision and direction of certificated personnel to perform noninstructional work which assists certificated personnel in the performance of teaching and administrative responsibilities. (Education Codes 35021, 44814, 44815)

Volunteer instructional aides may assist certificated personnel in the performance of their duties, in the supervision of students, and in instructional tasks which, in the judgment of the certificated personnel to whom the instructional aide is assigned, may be performed by a person not licensed as a classroom teacher. These duties shall not include assignment of grades to students. An instructional aide need not perform his/her duties in the physical presence of the teacher, but the teacher retains responsibility for the instruction and supervision of students in his/her charge. (Education Codes 45343/45344)

SEX OFFENDER CHECKS

Before authorizing any person to serve as a volunteer nonteaching aide or a volunteer instructional aide, the Superintendent or designee shall ask a local law enforcement agency to conduct an automated records check or shall call the Department of Justice to determine that the individual is not a registered sex offender. Volunteers shall be informed that the district is conducting this records search.

TUBERCULOSIS TESTING

All volunteer instructional aides shall submit evidence that they are free from active tuberculosis at least once every four years pursuant to Education Code 494016. (Education Codes 45106, 45347, 49406)

All volunteers in child care and development programs shall be tested for tuberculosis within one year before or within seven days after the volunteer service begins. Staff shall also maintain annual follow-up reports indicating that the volunteer is free from tuberculosis.

FINGERPRINTING

Volunteer instructional aides shall undergo fingerprinting pursuant to Education Code 45125. (Education Codes 45106, 45125, 45347, 45349)

All volunteers in child care and development programs shall be fingerprinted for criminal record clearance unless they serve for less than 16 hours a week under the contact supervision of an adult who has met criminal record clearance requirements. (Health and Safety Codes 1596.871)

BASIC PROFICIENCY

All volunteer instructional aides shall give evidence of basic skills proficiency. (Education Codes 45344.5, 45349)

(cf. 4212 – Appointment and Conditions of Employment)
(cf. 4222 – Teacher Aides/Paraprofessionals)

PARENT CLUB OR SPECIAL EVENT VOLUNTEERS

These volunteers provide assistance with field trips, dances, athletic events, snack bars, music performances and other limited events or special occasions. They work with other volunteers, are supervised by certificated or classified management staff and do not have direct responsibility for supervising students.

No clearance or prior approval is required.

CLASSROOM, LIBRARY OR OFFICE VOLUNTEERS

These volunteers regularly perform five or more hours per week of specific volunteer services with and around students. Such volunteers generally fit into two categories: (1) supervised and unlikely to be alone with students, or (2) unsupervised and or likely to be alone with students. The requirements for each group are as follows:

Supervised, Unlikely to be Alone with Students

1. Completion of District Volunteer Application Form.
2. Brief Description of service to be provided and name of supervisor
3. A valid tuberculosis (TB) clearance.
4. No volunteer may provide services until #1, #2 and #3 above are completed and on file with the Personnel Office.

Note: District Office clearance and notification are not required.
Unsupervised, or Likely to Be Alone with Students

1. Completion of District Volunteer Application Form.
2. Brief Description of service to be provided and name of supervisor.
3. At least two (2) reference checks.
4. A valid tuberculosis (TB) clearance.
5. Fingerprints.
6. No volunteer may provide services until #1 through #5 are completed and on file and clearance has been received from the Personnel Office.

Note: District Office clearance and notification are required. The principal will submit an application, brief description of service and reference checks to the Personnel Office. The Personnel Office will verify the fingerprints requirement is met and return the form to be filed with the principal.

REIMBURSEMENT FOR FINGERPRINTING FEES

The cost of fingerprinting shall initially be the responsibility of the volunteer. The District will reimburse the volunteers if the principal verify that the volunteer has completed at least twenty hours of service.

DISTRICT

**PARTICIPATION OF DISTRICT VOLUNTEER IN FIELD TRIP ACTIVITY
ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Name: _____

Destination/Nature of Activity: _____
(Please be specific, e.g., Attend concert at
UCLA)

Purpose of Your Attendance: (Chaperone, etc.) _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Method of Transportation:

School Bus/Vehicle Walking Other: _____

I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES
OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR
BY REASON OF THE FIELD TRIP OR EXCURSION.
(California Education Code 35330 and 5 CCR 55220).

In the event of illness or injury, I do hereby consent to whatever x-ray,
examination, anesthetic, medical, surgical or dental diagnosis and/or treatment
and hospital care from a licensed physician and/or surgeon as deemed
necessary for my safety and welfare. It is understood that the resulting expenses
will be the responsibility of the participant.

Signature

Date

Address

Work () _____

City State Zip Code

Home () _____

Health Insurance Company: _____

Policy Number _____

(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: _____ Relationship: _____

_____ Work () _____
Address

_____ Home () _____
City State Zip Code

If there are any special medication instructions, kindly attach an explanation to this sheet and check appropriate box.

- Instructions attached
- No instructions attached

CONTRACTORS INSURANCE REQUIREMENTS GENERAL GUIDELINES

Contractors should be required to carry sufficient Liability, Property and Workers' Compensation insurance to pay claims that may be filed as a result of their activity. If contractors are unable to pay such claims, payment may be required from the District.

Therefore, the liability insurance coverage of contractors must:

- 1.) Cover the exposures to loss depending on the nature of their activity, and
- 2.) Contain coverage limits high enough to pay reasonably foreseeable claims.

The "Contractors Insurance Requirements" which follow specify that the required insurance be evidenced by a **certificate of insurance and an additional insured endorsement**.

DEFINITIONS

1.) **Certificates of Insurance**

A certificate of insurance is usually on a standard industry form. It is designed to provide the District with information as to what insurance coverage the other party has and miscellaneous information such as insurance company names, insurance limits, policy effective date, etc. **It is very important to note that a certificate of insurance is for information purposes only.**

Note the top right hand corner of a "Certificate of Insurance" which states, "This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below."

Typically, if the District is asking for a certificate of insurance and an additional insured endorsement, there will be language near the bottom of the certificate which states something to the effect that "the District is named as an additional insured during the use of the facilities." Since a certificate of insurance cannot amend or extend the policy, **this language does not add the District as an additional insured** to the other party's liability policy(ies).

2. **Additional Insured Endorsement**

An additional insured endorsement amends and extends the policy(ies) to provide insurance coverage for the District for the other party's activity, i.e., use facilities, construction project, etc. In other words, the District is being insured under the insurance coverage provided by the other party for that specific activity, so the District's self-insured program should have no exposure if there is a loss or injury.

An endorsement will come from the insurance company itself, or its managing general agency, and will not come from the local insurance agent or broker who is providing the certificate of insurance. Obtaining an additional insured endorsement can often take many weeks because insurance companies do not like to issue them, since it expands their liability exposures. Usually, when the local insurance agent/broker puts the additional insured endorsement language on a certificate of insurance, it means that they have processed the paperwork to the insurance company and the formal endorsement will arrive at a later date. However, the processing of this paperwork does not necessarily obligate the insurance carrier to follow through with the actual endorsement, so the District should be very cautious in this regard.

3.) **Professional Liability Insurance**

If the District is contracting with, *Architects, Engineers, Lawyers, Insurance Brokers* or any other "*professional*", a certificate evidencing their professional liability coverage should be required in addition to the General Contractors' Insurance Requirements. Limits should be \$1,000,000 per occurrence as a minimum.

INDEPENDENT CONTRACTORS' INSURANCE REQUIREMENTS GENERAL GUIDELINES

The minimum requirements apply to any Independent Contractor doing work for the District. This work could include, but is not limited to -- service, maintenance or repair of existing facilities.

If the work being done could be considered hazardous or if a contract for construction of new facilities is being contemplated, refer to the document entitled "Contractor's Insurance Requirements" or call *Sierra Self-Insurance Services* at (530)-274-7213.

The minimum Independent Contractor's Requirements should be as follows:

\$500,000. Combined Single Limit for Comprehensive General Liability insurance.

\$500,000. Combined Single Limit for Automobile Liability insurance.

Statutory Workers' Compensation where applicable.

Insurance to be evidenced by a Certificate of Insurance with a separate endorsement attached naming the District as an additional insured.

CONTRACTORS' INSURANCE REQUIREMENTS

The undersigned Contractor shall, at his/her own expense, maintain insurance in effect at all times during the performance of work for or on behalf of

(Name of District) _____.

Coverage and limits of insurance shall be maintained at limits not less than the following and with insurers and under forms of policies satisfactory to

(Name of District) _____.

- A. **WORKERS COMPENSATION & EMPLOYERS' LIABILITY**
State Workers' Compensation - coverage as required by law; Employers' Liability with a limit of not less than \$1,000,000.

- B. **COMPREHENSIVE BODILY INJURY & PROPERTY DAMAGE**
General Liability: Limit \$1,000,000 each occurrence; \$2,000,000 aggregate. (*CLAIMS MADE FORM NOT ACCEPTABLE*)

- C. **AUTOMOBILE COMPREHENSIVE BODILY INJURY & PROPERTY DAMAGE**
Combined Single Limit \$1,000,000.

All contractor policies shall contain an endorsement providing that written notice shall be given to (Name of District) _____ at least thirty **(30)** days prior to termination, cancellation or reduction of coverage in the policy.

The Comprehensive General Liability policies shall include the following:

- 1.) Endorsement naming (Name of District) _____ as additional insured with respect to liabilities arising out of the Contractor's performance of work in connection with the contract. This endorsement must state that such coverage is primary insurance with respect to the interest of (District) _____ and that any insurance maintained by (District) _____ is excess and not contributory with the insurance required hereunder.

- 2.) Owned, non-owned/automobile coverage with limits as indicated above.

- 3.) The Contractor shall provide Course of Construction insurance for the project. Coverage shall be written on an "All Risk" Installation Floater and/or Builder's Risk Form for limits equal to replacement cost of the project.

Prior to commencement of any work, Contractor shall deliver to (District) _____ Certificates of Insurance issued in duplicate covering all policies providing the required insurance. Such certificates shall make reference to all such provisions and endorsements referred to above, and shall be signed on behalf of the insurer by its authorized representative. Contractor agrees, upon written request by (District) _____ to furnish copies of such endorsements and policies, certified by an authorized representative of the insurer.

Signed:

(Name of Company)

(Contractor)

(Date)

B-1. SAMPLE "A"

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION – MINOR**

Dear Parent/Guardian:

Kindly complete and return two signed copies of this form to:

(District)

_____ has my permission to participate in the following

(Name)

activity: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Please be aware that California Education Code 35330 provides in part that:

All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

I fully understand that participants are to abide by all rules and regulations governing conduct during this trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier	Policy No.	Address
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A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) (___) Check here if there are no special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason) _____.

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

B-1. SAMPLE "B"

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE
AND MEDICAL AUTHORIZATION – ADULT**

Name of District: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

I HEREBY WAIVE ALL CLAIMS AGAINST THE DISTRICT AND ITS BOARD, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION. (California Education Code 35330 and 5 CCR 55220).

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet. Thank you.

**PARENT PERMISSION FOR SCHOOL-RELATED FIELD TRIPS
AND
CONSENT TO TREAT FORM**

SCHOOL

Name of Student

has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangements, please sign at the bottom and return the form to the faculty sponsor or coach.

NATURE OF ACTIVITY: _____

*DESTINATION: _____

*DATE: _____ TIME OF DEPARTURE: _____ TIME OF RETURN: _____

TRANSPORTATION: Students must use the means of transportation checked below both to and from the event, unless written permission by parent/guardian is presented to school officials prior to departure.

- A. District-owned bus _____
- B. _____
District-owned vehicle _____
- C. Commercial (Name of Company) _____
- D. _____
Private vehicle _____
- E. Walking _____
- F. Bicycle _____

TRIP SUPERVISOR: _____

Please be aware that California Education Code 35330 provides in part that:

All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

I further agree in the case of medical emergency, illness, or injury that the supervisor has my express permission to take the above-named student to a doctor or medical facility to receive emergency treatment.

Date
Guardian

Signature of Parent or

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: _____

EMERGENCY PHONE NUMBERS: _____

*For schedule of events (if more than one event) see attached sheet.

THIS FORM MUST BE COMPLETED FOR EACH SPORT/ACTIVITY AND
SUBMITTED FIVE SCHOOL DAYS BEFORE THE FIRST SCHEDULED EVENT.

**ADULT STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP
ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Date: _____

Student's Name: _____ hereby requests participation in the following field trip:

Destination of Activity:

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Sponsor in Charge: _____ Position: _____ Telephone: _____

Type of Transportation: I will use transportation provided by the District
 I will accept responsibility for arranging my own transportation.

Health or special needs: Check as appropriate

<input type="checkbox"/>	I have no special health needs the staff should be aware of, and no medication is needed on the trip.
<input type="checkbox"/>	I have a special need, and instruction are attached. Number of pages: _____.
<input type="checkbox"/>	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against District and to indemnify and hold the District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described excursion/field trip.

I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage for students who

provide their own transportation or provide transportation to other individuals in connection with an excursion/field trip activity.

Student's Signature

Date of Birth

Student Name – Please Print

Family Medical
Insurance Carrier: _____
(e.g., Blue Cross)

Policy Number: _____

In the event of an emergency, please contact:

(Name)

(Relationship)

Work () _____
Home () _____

SAMPLE VOLUNTARY ACTIVITY WAIVER RELEASE
AND INDEMNITY AGREEMENT

For and in consideration of permitting (Participant) to enroll in and participate in (Activity) and class instruction of (Activity) given by the (District) in the City of _____, County of _____, State of California, beginning on the _____ day of _____, 20____, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging in or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action which may hereafter arise for him/herself or his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against (District) or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise.

IT IS THE INTENTION OF (Participant) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE (District) FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against (District), he/she shall indemnify and save harmless the same (District) from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of (Activity), and is fully aware of the legal consequences of signing this instrument.

Signature (Participant)

Date

Signature (Witness)
Date