

Masconomet Regional School District 20 Endicott Rd Boxford MA 01921

Guidelines and Requirements for Volunteer Drivers

Guidelines for Volunteer Drivers

All Volunteer Drivers must complete the CORI (Criminal Offender Record Information) background check process prior to volunteering. The CORI Authorization Form must be signed in person and witnessed by designated Masconomet Regional School District school personnel in the Central Administration Building Office at the time of submission. A valid, government issued photo identification must also be presented at time of submission as well. All Volunteer Drivers must pass a CORI background check in order to volunteer.

Volunteer Drivers must follow all policies of Masconomet Regional School District Public Schools. District policies, as well as, a downloadable copy of the CORI Form, can be found on the Masconomet website, www.masconomet.org

Volunteer Drivers should not photograph or video students unless authorized by the school principal or designated staff.

Rules and Requirements for Volunteer Drivers

To ensure the safety of all students, Volunteer Drivers must meet the following requirements when transporting students in their own private vehicle:

- Must pass a CORI background check as determine at the sole discretion of District Administration:
- Have a valid U.S. Driver's License and be at least 21 years of age;
- Have no felony convictions or recent DUI violations;
- Provide proof of up-to-date insurance coverage with a minimum of \$100,000 per person/\$300,000 per occurrence for bodily injury / property damage;
- Drive a mechanically safe vehicle with a valid inspection sticker;
- Provide functioning seat belts for each passenger;
- Proceed directly to and from the school designated destination;
- No smoking in the vehicle at any time, including e-cigarettes and/or vaping;
- No texting while operating the vehicle;
- May not transport any student as a sole passenger unless it is your child; and
- Submit all completed Application Forms to the School Principal.



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VOLUNTEER DRIVER APPLICATION – GENERAL INFORMATION

MUST BE SUBMITTED TO THE SCHOOL PRINCIPAL

Volunteer Driver Information				
Last Name		First Name		Middle Name
Address:				
City S		State		Zip Code
Contact Information	_			
Cell Phone	Home Phone		Email	
Emergency Contact				
Name			Cell Pho	one
Students Enrolled in the Masco	onomet I	0		
Student's Name		School Name		Grade
All Volunteer Drivers, must co automobile insurance, agree t Requirements for Volunteer I Volunteer Driver License Infor	to a CO Orivers.	RI background check, an	d agree to	comply with the Rules and
Volunteer Driver Electise fillor	inacion			
				D (D) 1
Last Name First N License #			Date of Birth State of Issuance	
License #	Expiration Date		State of issuance	
Vehicle Information				
Make	Model		Year	
License Plate #	∦ of Working Seatbelts			
Automobile Insurance Informa	tion		J	
Name of Insured		Insurance Company Name		Policy#
Expiration Date		Coverage Limits: Bodily Injury / Property Damage		

****COPY OF LICENSE AND AUTOMOBILE INSURANCE MUST ACCOMPANY THIS FORM****



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VOLUNTEER DRIVER APPLICATION - CERTIFICATION

MUST BE SUBMITTED TO THE SCHOOL PRINCIPAL

I certify the above information is correct and the insurance coverage on the above vehicle is in force. I further certify that the above vehicle is mechanically safe and has a valid inspection sticker. I understand that I must have liability insurance coverage in force and agree to advise Masconomet Regional School District, in writing, of any changes to the above information. I further understand that I must proceed directly to and from the designated destination, and that no unauthorized stops shall be made. I will comply with all traffic laws.

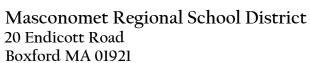
I understand that I shall not have a student as a sole passenger except if the child is my own. I understand that when driving my own vehicle on school-related business, and I am involved in an accident, my insurance will be used. Masconomet Regional School District does not cover, nor is responsible for, comprehensive and collision damage to my vehicle.

I agree to indemnify and save harmless, the District and all of its school committee members, officers, and employees against all cost, liabilities and direct damages, for any injuries to persons or damage to property caused by me while acting in the capacity of a Volunteer Driver.

I have read and understand the Guidelines and Requirements for Volunteer Drivers.

Driver's Name:		
Plea	ase Print	
Driver's Signature:		
Date:		





STUDENT TRANSPORTATION IN PRIVATE VEHICLE – PERMISSION

MUST BE SUBMITTED TO THE SCHOOL PRINCIPAL

I/we, parent(s)/guardian(s) of (the Student Name) hereby acknowledge and agree that my/our Student will be transported to or from school activities that fall within the academic day or extended school day as defined by School Committee Policy EEAG.
Transportation will be provided by
I/we hereby release and discharge the Masconomet Regional School District School Committee, its officers, employees, agents, and other personnel (hereafter "District") from any and all claims, damages, losses or expenses of whatever kind or nature arising out of or resulting directly or indirectly from my/our student being transported in a private vehicle.
Student Name: Student School: Student Grade:
Parent/ Guardian Name: Parent/ Guardian Signature: Cell Phone Number: Email: Date:
Parent/ Guardian Name: