VOLUNTEER DRIVER CHECKLIST

TRIP INFORMATION

DATE: ________________ SCHOOL: ________________________________________________
PURPOSE OF TRIP: _______________________________________________________________
DATE OF TRIP: _________________________
TRIP IS TO: _______________________________________________________________________
FROM: ___________________________________________________________________________
MAXIMUM #. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER’S VEHICLE: _______

DRIVER SCREENING/INSURANCE REQUIREMENTS

NAME OF DRIVER: _______________________________________________________________
VEHICLE YEAR/MAKE/MODEL: __________________________ LIC #: ___________________

Please respond to each item with a yes or no answer.

YES/NO

I am older than 21 years of age. ________
I have a valid Washington State driver's license. (Provide copy of license.) ________
License #: ___________________________ Exp. Date: _____________________________
I have had no vehicle moving violations or at-fault accidents within the last three years. If you have had any, please list: ______
I have never been convicted of any crimes against children or other persons. ______
I carry minimum auto liability limits of $300,000 per occurrence combined single limit of liability (or $100,000 per person/$300,000 per accident Bodily Injury; $50,000 per accident Property Damage) and uninsured motorist coverage. (Provide copy of insurance policy.) ______
Company: ___________________________ Policy #: _____________________________
I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary. ______

(Continued on reverse side)
**VEHICLE INSPECTION**

Please respond to each item with a yes or no answer.

**YES/NO**

_______  There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.

_______  My vehicle's brakes, including the emergency brake, are in good working order.

_______  My vehicle's tires have legal tread depth (at least 3/32").

_______  My vehicle's brake lights, turn indicators, and headlights are in good working order.

_______  My vehicle's windows are clear and provide an unobstructed view for the driver.

_______  My vehicle has functioning rear view mirrors (center and left side).

_______  My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.

_______  My vehicle has a rated capacity of ten passengers or less.

_______  If my vehicle has dual airbags, I will not seat children under 12 or small persons in front passenger seat.

_______  I agree to use booster seats/car seats when required by Washington State law.

_______  I agree to use car seats and/or booster seats as required by law.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

________________________________________  __________________________
Signature of Volunteer Driver                  Date

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**ADMINISTRATIVE REVIEW**

_______  If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Licensing.

_______  If the volunteer will drive for more than one day and will have unsupervised student contact, the district has obtained the information to order a Washington State Patrol background information check.

_______  All students have parental permission to ride with a volunteer driver.

_______  All "NO" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

________________________________________  __________________________
Signature of Administrator/Designee                  Date