



**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: \_\_\_\_\_

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*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 t 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 have provided a copy of my personal Motor Vehicle Report (only if driving more than 1 day) for use 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 volunteer has provided a copy of their 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