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.

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 carry minimum auto liability limits of $300,000 combined single limit of liability (or
$100,000/$300,000 Bodily Injury; $50,000 Property Damage) and uninsured/underinsured
motorist coverage.

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)
VOLUNTEER DRIVER CHECKLIST

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 age-appropriate passenger restraints for each passenger, and I enforce the use of passenger restraints by all occupants of my vehicle.

________ 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 13 or small persons in front passenger seat.

________ I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of a van or truck bed.

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 ____________

________________________________________________________________________________________

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 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 ____________