VOLUNTEER DRIVER CHECKLIST

DATE: __________ SCHOOL: ________________________________

PURPOSE OF TRIP: ________________________________

TRIP IS TO:

_____________________________________________________

FROM: __________________________________________

MAXIMUM # OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER VEHICLE _____

DRIVER SCREENING/INSURANCE REQUIREMENT

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 #_________________________ Expiration 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 $100,000 per occurrence and $300,000 aggregate combined single limit of liability (or $100,000/$300,000 Bodily Injury; $500,000 Property Damage) and uninsured motorist coverage.

_____ 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 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 of 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 had no other physical defects that would interfere with the safety of the driver and passengers.
____ My vehicle has a rated capacity of 10 passengers or less.
____ If you vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.
____ 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 ______________________

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 ______________________

Ref. SSD Policy #6625 (Rev. 08/07)