BISD VOLUNTEER DRIVER CHECKLIST

If you will be volunteering in an additional capacity other than as a volunteer driver, please complete the Volunteer Application Process before submitting this form. (Located online at www.bisd303.org).

- I completed the Volunteer Application Process: YES ___ on _______________ (date).
- I am only volunteering as a driver and not engaged in any other volunteer responsibilities. YES ___

TRIP INFORMATION: (If driving for a series of trips such as for a sports season, club or class, please indicate the approx. date range such as BHS Band Spring 2019.)

DATE/RANGE OF TRIP:_________________________ SCHOOL:_____________________________________
PURPOSE OF TRIP:__________________________________________________________
TRIP DESTINATION:__________________________________________________________
DEPARTING FROM:___________________________________________________________
DEPARTURE TIME: ___________________________RETURN TIME:_________________________
MAXIMUM # OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER’S VEHICLE: ________________

If you are driving more than one day in succession, please provide a Driving Record from the Department of Licensing, which can be found at http://www.dol.wa.gov/forms/500009.pdf or complete online at https://fortress.wa.gov/dol/dsdiadr/.

DRIVING SCREENING / INSURANCE REQUIREMENTS:

NAME OF DRIVER: _______________________________ EMAIL:________________________________
VEHICLE YEAR / MAKE / MODEL: ________________________________ LIC. PLATE #: ____________

Please respond to each of the following with a YES or NO answer and fill in requested information:

YES / NO

_______ I am older than 21 years of age.
_______ I have a valid Washington State driver license.
_______ Driver license #: _____________________________ Expires: __________________
_______ A copy of my license is attached.
_______ I have not had vehicle moving violations or at-fault accidents within the last three years.
    If you have had moving violations or at-fault accidents, please list:

Revised 7.2018
I will be driving for more than one day in succession, and my Driving Record is attached.  
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, $50,000 Property Damage) and uninsured motorist coverage.  
INS. COMPANY: _________________  POLICY #: __________________  EXPIR. DATE: ___________

Copy of my current insurance card is attached.

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 primary insurance.

**VEHICLE INSPECTION:**
Please respond to each item with a yes or no answer.

______ 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 break, 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 the front seat.

The above information is true and accurate to the best of my knowledge.

Driver’s Signature: __________________________________________________ Date: __________________________

*Please submit this with a copy of your current driver license and insurance care.*

**ADMINISTRATIVE REVIEW:**
YES/ NO

______ If the volunteer will drive more than one day in succession, the driver has provided a motor vehicle abstract.
______ A Washington State Patrol Request for Criminal History has been completed and checked.
______ 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 the trip(s).

Signature of Administrator or Designee: _______________________________ Date: ______________

Revised 7.2018