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 ___

<u>TRIP INFORMATION:</u> (If driving for a series of trips such as for a sports season or class, please indicate the approx. date range)

DATE 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/.

<u>DRIVING SCREENING / INSURANCE REQUIREMENTS:</u>

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:

    _____

    _____

_____ 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.

INSURANCE COMPANY: _____ POLICY #: _____ EXPIRATION 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.

<u>VEHICLE INSPECTION:</u>

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: _____