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 $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.

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.
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 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 (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 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 ____________

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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 ____________