

# 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](http://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 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/>.

## **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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 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 #: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

