

## **VOLUNTEER DRIVER CHECKLIST**

TRIP INFORM	MATION		
DATE:	SCHOOL:		
PURPOSE OF	TRIP:		
DATE OF TRI	P:		
TRIP IS TO: _			
FROM:			
MAXIMUM #.	. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE:		
DRIVER SCRE	EENING/INSURANCE REQUIREMENTS		
NAME OF DR	LIVER:		
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 yo have had any, please list:		
	I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 a combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 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 we be tendered to my personal automobile insurance company, and my insurance is primary.		



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## VEHICLE INSPECTION

Please respon	d to each item with a yes or no answer.	
	There is a working seat belt for the seat belts by all.	driver and each passenger, and I enforce the wearing of
	My vehicle's brakes, including the en	nergency brake, are in good working order.
	My vehicle's tires have legal tread de	oth (at least 3/32").
	My vehicle's brake lights, turn indica	tors, and headlights are in good working order.
	My vehicle's windows are clear and p	provide an unobstructed view for the driver.
	My vehicle has functioning rear view	mirrors (center and left side).
	My vehicle has no other physical def passengers.	ects that would interfere with the safety of the driver and
	My vehicle has a rated capacity of ter	n passengers or less.
	If my vehicle has dual airbags, I w passenger seat.	ill not seat children under 12 or small persons in front
	I will not transport students in a mot or truck bed.	or home, fifth-wheel trailer, cargo compartment of a van
	ersonal Motor Vehicle Report to be order	at of my knowledge. I hereby give my permission for a red and used in consideration of my transporting students
Signature of '	Volunteer Driver	Date
*****	************	************
ADMINISTRA	ATIVE REVIEW	
		than one day, the district has obtained the information to be-year comprehensive record) from the Department of
		han one day and will have unsupervised student contact, nation to order a Washington State Patrol background
	All students have parental permission	to ride with a volunteer driver.
	All "NO" responses have been address	ssed satisfactorily.
I have review	red the above information and this driver a	nd vehicle are approved for this trip.
Signature of A	Administrator/Designee	Date