



**VOLUNTEER DRIVER CHECKLIST**

**TRIP INFORMATION**

Name of staff member in charge \_\_\_\_\_

Current Date: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

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 have never been convicted of any crimes against children or other persons.

\_\_\_\_\_ I carry minimum auto liability limits of \$300,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.

**PLEASE ATTACH A COPY OF VEHICLE INSURANCE IDENTIFICATION CARD**

Policy Expiration Date: \_\_\_\_\_  
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.

\_\_\_\_\_ I agree to report to the school principal (or designee) regarding any and all accidents, regardless of how minor, that I am involved in while transporting district staff, volunteers or students.

(Continued on reverse side)



**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. I agree to use booster seats/car seats when required by Washington State law.

\_\_\_\_\_ 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 the front passenger seat.

I will not use a cell phone when transporting students while the vehicle is in motion.

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**

\_\_\_\_\_ The volunteer driver has an acceptable driving abstract, (three-year comprehensive record from the Washington State Department of Licensing) if one was required.

\_\_\_\_\_ 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