

BUUSD Employee Driver Checklist

Trip Information:

Date submitted: _____
 Purpose _____
 School _____
 Date of Trip _____
 Trip destination _____
 Trip start location _____
 Total # of passengers _____
 Total # of students _____

Driver Screening/Insurance Requirements:

Driver Name	_____
Year/Make/Model of vehicle to be used	_____
License #	_____
Expiration date of license	_____

Please respond to the following questions with a "Yes" or "No" answer:

Yes/No*?	
	I am older than 21 years of age.
	I have a valid Vermont State driver's license. Please attach copy.
	I have had no vehicle moving violations or at-fault accidents within the last 3 years.
	I have never been convicted of any crimes against children or other persons.
	I carry auto liability limits of at least \$100,000 per person / \$300,000 per accident (bodily injury) & \$50,000(property damage) or \$300,000 combined single limit. Please attach Certificate of Insurance.
	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 that insurance coverage will be primary.
	I agree to report to the school principal (or designee) any and all accidents, regardless of scope, that I am involved in while transporting district staff, volunteers or students.

Please return completed form to the BUUSD Business Office. Thank you.

Vehicle Inspection:

Please respond to the following questions with a "Yes" or "No" answer:

Yes/No?	
	There is a working seatbelt for the driver and each passenger, and I will enforce the wearing of seat belts by all occupants.
	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 the age of 12, or smaller individuals in the front passenger seat.
	I agree to use booster seats as applicable. (Under the age of 8)
	I agree to not smoke while transporting students

Please detail any "No" answers:

To the best of my knowledge, the information provided on this form is both true and accurate.

Signature of Employee

Date

Administrative Review:

	All appropriate background checks have been performed and reviewed.
	All students have parental permission to ride with the employee 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 School Administrator/Designee

Date

Please return completed form to the BUUSD Business Office. Thank you.