

Authorization for Use of Private Auto

For Student Transportation

I hereby authorize the use of my vehicle for transporting students for the following purpose/activity:

on _____ or the period from _____ to _____

Name of Driver: _____

Vehicle Year/Make Model: _____ License #: _____

Vehicle Owners Permission: Yes/No

_____ I am older than 25 years of age.

_____ I have a valid Washington State driver's license.

License #: _____ Expiration date: _____

_____ I have had no vehicle moving violations or at fault accidents within the last three years. If you
Have, please list:

_____ I carry minimum auto liability limits of \$100,000 per person/\$300,000 per accident/\$50,000
property damage or a combined single limit of \$300,000. I also carry uninsured motorist liability
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 that my insurance is
Primary.

_____ I am aware that all required volunteer forms must be completed and approved prior to driving.

_____ I have completed and included the Volunteer Driver Checklist.

Printed Name of Driver and/or Registered Owner*

Signature of Driver and/or Registered Owner*

*If the registered owner is under the age of 18, a signature of the parent is required.

Volunteer Driver Checklist

For Student Transportation

Vehicle Inspection: Please indicate Yes or No on each blank. For all No answers please provide a separate page with additional information.

- There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by everyone in the vehicle.
- I agree to transport any child who is older than 4 and under than 4'9" in a booster or car seat in compliance with Washington state law.
- I will not seat children under 13 in the front passenger seat.
- My vehicle's brakes, including the emergency brake, are in good working order.
- My vehicle's tires have a 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.

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

Administrative Review: Please indicate Yes or No on each blank.

- This volunteer driver has been approved through the district volunteer process.
- 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 or Designee

School

Date