
TRIP INFORMATION

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP DESTINATION: _____

TRIP START LOCATION: _____

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.

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.

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.
- _____ 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.
- _____ I will not seat children under 12 or small persons in front passenger seat.
- _____ I agree to use booster seats/car seats when required by [Washington State law](#).
- _____ I agree all occupants of my vehicle will have and use their own individual seatbelt.

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

- _____ The district has obtained the information to order a motor vehicle abstract (three-year comprehensive record) from the [WA Department of Licensing](#).
- _____ 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