

PERSONAL VEHICLE TO TRANSPORT STUDENTS AUTHORIZATION FORM

Any adult transporting student's for district business in their personal vehicle must complete this form. Employees are not to drive their personal vehicle for district business without prior approval by means of written notification from the district. It is your responsibility to notify the District Office of any changes that occur during the school year which could affect district approval (i.e. license cancellation or suspension, cancellation of automobile insurance, serious motor vehicle violation or at-fault accident).

TRIP INFORMATION

DATE: _____ SCHOOL OR BUILDING LOCATION: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP IS TO: _____

FROM: _____

MAXIMUM # OF STUDENTS TO BE TRANPORTED IN VOLUNTEER'S VEHICLE: _____

DRIVER SCREENING/INSURANCE REQUIREMENTS

LEGAL NAME: _____

VOLUNTEER EMPLOYEE OTHER _____

VEHICLE YEAR/MAKE/MODEL: _____ LIC #: _____

YES/NO

_____ I am older than 25 years of age with a minimum of 3 years driving experience.

_____ 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 carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage), automobile medical payments or Personal Injury Protection Coverage and uninsured motorist coverage.

Insurance Company: _____ Policy #: _____

_____ I am aware that, in the event of an accident while on district business or school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

(Continued on reverse side)

VEHICLE INSPECTION – Completed by Volunteer Driver

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.
- _____ If my vehicle has dual airbags, I will not seat children under 12 or small persons in front passenger seat.
- _____ I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of a van or truck bed.
- _____ 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 seat-belt.

The above information is true and accurate to the best of my knowledge. I agree to notify the district of any motor vehicle infractions (tickets) and/or chargeable accidents or cancellations or reduction of coverage to my automobile insurance

Signature of Volunteer Driver _____
Date

ADMINISTRATIVE REVIEW

_____ If the employee is required by job description to regularly drive their personally owned vehicle for district business, the district has required driver to provide an original motor vehicle abstract (three-year comprehensive record) from the Department of Licensing. This abstract has been reviewed and meets district approval.

_____ All "NO" responses have been addressed satisfactorily

I have reviewed the above information and this employee and vehicle are approved for driving personal vehicle on district business or for a field trip.

Signature of Administrator/Designee (District Office) _____
Date