

Stevens Point Area Public School District

Volunteer Transport Form



Any school district employee or non-employee volunteer who wants to transport any students other than their own children in a personal vehicle must attest to the following stipulations and must have this form co-signed by a building principal as a witness prior to providing that transportation.

As an employee or volunteer for Stevens Point Schools, I hereby attest to the following stipulations:

- 1) **Medical Qualifications** – Within the past five years, I have not experienced or been treated for: **a)** heart disease, **b)** blood pressure in excess of 180/105, **c)** stroke or brain injury, **d)** diabetes mellitus, **e)** amputation or other physical condition which adversely affects the use of my arms, hands, legs, or feet, **f)** lung disease, or **g)** any episode of altered consciousness or loss of bodily control (seizure, convulsion).
- 2) **Driving record qualifications** – Within the past five years, I have **not** experienced or been convicted of: **a)** any license suspension or revocation, **b)** reckless driving, O.W.I., a felony with a motor vehicle, operation a vehicle with a suspended or revoked license, any violation of a license restriction, or any serious traffic violation, **c)** any offense against public morals, **d)** more than one at-fault or two not-at-fault motor vehicle accidents, **e)** no significant pattern of convictions for less serious traffic violations (including more than two speeding citations), or **f)** any felony.
- 3) **Vehicle Safety requirements** – The vehicle which I shall use for the transportation of students is a safe vehicle, with all safety equipment in good working order, including the following items: tires, lights, signals, brakes, steering, mirrors, exhaust, windows, body integrity, and any other aspects which might affect the safe operation of the vehicle. In addition, I will transport only the number of people for which the vehicle is equipped with safe passenger securement systems, and I will ensure that every passenger will use those restraints whenever they are in the vehicle. Further, the vehicle that I shall use for the transportation of students is properly registered and licensed in the state of Wisconsin.
- 4) **Insurance requirements** – I have in effect at the time of transporting students at least the minimum vehicle liability insurance coverage required by the State of Wisconsin for the vehicle that I will use. I agree that my insurance carrier will provide the primary liability coverage in the event of an accident, understanding that when I transport students to special events under this approval, the district's insurance will provide secondary liability coverage only after the limits of my policy are reached.
- 5) **Driver's License** – I understand and will allow the district to make a copy of my driver's license which will be accompanied with this form.

Number of years at this address _____ Number of years living in Wisconsin _____

If you lived in Wisconsin for less than five (5) years, which state did you last reside in and for how long?

Yes No Has a child abuse restraining order ever been issued against you?

Yes No Have you ever been convicted of, or do you have any charges pending, or are you under investigation for any felony or misdemeanor?

If yes, please include date, location, nature, and circumstances of offense(s).

Volunteer Statement

I am applying to be a volunteer as part of the Stevens Point Area Public School District’s Volunteer Program. As a volunteer, I understand I will not receive pay for this duty. In addition, I understand that no employer/employee relationship will exist. In order to ensure safety in our schools and for the protection of students of the District, I authorize the District to conduct an annual background check. The District reserves the right to conduct additional background checks as deemed appropriate. Except as may be required by law, the District will maintain the confidentiality of information obtained through background checks. The District will conduct criminal background checks on all volunteers who will be working directly with students and/or who have consistent access to students or student records. I hereby release the District, its Board and its agents, as well as all providers of information, from any liability related to furnishing, receiving, or using information related to arrests and convictions. I understand that any misrepresentation or omission on this statement may result in immediate disqualification for any volunteer service within the District. I understand that the District will verify the information I have provided above. I understand that the District reserves the right to deny my application to serve as a volunteer.

I understand and agree that if any of the above statements are not true as they apply to me (or if my status regarding any of the above conditions should change and I fail to notify the principal immediately in writing) and I continue to transport students, I may be disciplined up to and including immediate discharge. In addition, I recognize that such actions may result in the forfeiture of coverage by the district’s liability insurance and indemnification under Wis.Stat. §345.05 and/or 895.46. Further, I agree to a background check being done using the information gathered from this form, front and back.

Attested to by: Legal Name: _____ Address: _____

Date: ___/___/___ Signature: _____

Approved/Witnessed by: _____ School Principal
(Principal signature)

_____ Date: ___/___/___
(Name of school)

(Original to be retained by the principal, one copy to be given to employee/volunteer)

THIS FORM (W/ COPY OF DRIVERS LICENSE) MUST BE RENEWED EACH SCHOOL YEAR