

DRIVER AUTHORIZATION FORM

Name of driver _____ Date _____

School _____ ☐ Employee ☐ Volunteer who has completed the volunteer application.

Phone number to contact you when traveling _____ Email _____

TO BE COMPLETED BY THE DRIVER

I have a valid Washington State driver's license and am over 21 (attach a copy of driver's license). Yes ☐ No ☐

In order to drive a Bellingham Public Schools (BPS) vehicle, a leased vehicle or my personal vehicle to transport district students to school events, activities or fieldtrips, I agree to allow BPS to request a Driving Record from the Department of Licensing Yes ☐ No ☐

In the past three years, I have been free of accidents, DUI's or moving violations. Yes ☐ No ☐

If no, please explain: _____

I agree to obey all traffic laws including refraining from use of cell phones while driving and I agree to require all occupants to wear seat belts while the vehicle is in motion. Yes ☐ No ☐

I assure that I have no health condition that would impair my ability to safely operate a vehicle. Yes ☐ No ☐

I am willing to drive my own vehicle if needed. If yes, complete the following section. Yes ☐ No ☐

TO BE COMPLETED IF DRIVING YOUR OWN VEHICLE

I understand that to drive my personal vehicle to transport district students, Bellingham Public Schools requires proof of insurance and that a) my individual/personal auto policy will be the primary coverage in the event of liability arising out of this activity, b) the district's coverage may or may not respond, and in any case, would only cover excess liability over my policy limits, and c) the district's insurance will not respond to damage to my vehicle under any circumstances (attach a copy of your Washington Insurance Card). Yes ☐ No ☐

My automobile is in good working order and has operable seat belts for all passengers. Yes ☐ No ☐

I have insurance and will maintain automobile insurance with minimum amounts of \$100,000 per person/\$300,000 per occurrence bodily injury and \$100,000 property damage or a \$300,000 combined single limit liability. Yes ☐ No ☐

Driver: I declare under penalty of perjury that the information provided above is true and accurate to the best of my knowledge. I will advise the school administrator before transporting students if any of the information above changes (including receiving moving violations, insurance coverage and health condition).

Signature of Driver _____ Date _____

TO BE COMPLETED BY BELLINGHAM PUBLIC SCHOOLS

- ☐ Verified on Approved Volunteers List ☐ Driving Record (district van only) ☐ WA Driver's License
☐ Auto Insurance Card (private vehicle only) ☐ Training (district van only) First Aid Trained ☐ Yes ☐ No
☐ Background Check with Fingerprinting through HR (only if volunteer has regular, unsupervised access to students)

School Administrator/Designee: I have reviewed the above applicant and all the requirements have been completed.

Signature of School Administrator/Designee _____ Date _____