

**SEATTLE PUBLIC SCHOOLS  
VOLUNTEER DRIVER CHECKLIST**

*TRIP INFORMATION*

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_

TRIP IS TO: \_\_\_\_\_

FROM: \_\_\_\_\_

MAXIMUM #. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE: \_\_\_\_\_

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*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 carry minimum auto liability limits of \$300,000 combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured/underinsured 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.

(Continued on reverse side)

# VOLUNTEER DRIVER CHECKLIST

## 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 age-appropriate passenger restraints for each passenger, and I enforce the use of passenger restraints by all occupants of my vehicle.
- \_\_\_\_\_ 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 13 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.

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

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## ADMINISTRATIVE REVIEW

- \_\_\_\_\_ If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Licensing.
- \_\_\_\_\_ If the volunteer will have unsupervised student contact, 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