



Volunteer Driver Check List

Volunteer Program Compliance Office

Name of trip leader: _____

Today's Date: _____ School: _____

TRIP INFORMATION

Purpose of the trip: _____

Departing from: _____ Trip destination: _____

Field trip type (circle one): Day Overnight Trip date(s): _____

Maximum number of students to be transported in volunteer's vehicle: _____

DRIVER SCREENING / INSURANCE REQUIREMENTS

Name of volunteer driver: _____

Vehicle year/Make/Model: _____ License #: _____

Please respond to each item with a yes or no answer.

_____ 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 #: _____

_____ 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.

_____ *For volunteers who will drive for more than one day:* I have purchased* and shared with the principal or their designee my motor vehicle abstract (three-year comprehensive record) from the Department of Licensing.

_____ 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)

VEHICLE INSPECTION

Please respond to each item with a yes or no answer.

- _____ 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 information contained on both pages of this form is true and accurate to the best of my knowledge.

Volunteer Signature

Date

* Motor vehicle abstracts can be purchased at <https://fortress.wa.gov/dol/dsdiadr> for \$13 (select record type "volunteer"). This cost may be reimbursable from the field trip budget. Share your printed or email version of the abstracts with the principal or their designee.

ADMINISTRATIVE REVIEW

- _____ The volunteer has also completed the Volunteer Chaperone Check List.
- _____ If the volunteer will drive for more than one day, they have provided the district with their motor vehicle abstract from Department of Licensing.
- _____ 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