SEATTLE PUBLIC SCHOOLS VOLUNTEER DRIVER CHECKLIST

TRIP INFOR	RMATION		
DATE:	SCHOOL:		
PURPOSE C	OF TRIP:		
DATE OF T	RIP:		
TRIP IS TO:	·		
FROM:			
MAXIMUM	#. OF STUDENTS TO BE	TRANSPORTED IN VOLUNTEER'S VEHICLE:	
DRIVER SCI	REENING/INSURANCE RE	QUIREMENTS	
NAME OF D	DRIVER:		
VEHICLE Y	TEAR/MAKE/MODEL:	LIC #:	
Please respon	nd to each item with a yes or	no answer.	
YES/NO			
	I am older than 21 year	rs of age.	
	I have a valid Washington State driver's license.		
	License #:	Exp. Date:	
		moving violations or at-fault accidents within the last three years. If your st:	
	•	o liability limits of \$300,000 combined single limit of liability (odily Injury; \$50,000 Property Damage) and uninsured/underinsured	
	Company:	Policy #:	
		event of an accident while on a school-related activity, any claims we onal automobile insurance company, and my insurance is primary.	
(0			

(Continued on reverse side)

VOLUNTEER DRIVER CHECKLIST

VEHICLE INSPECTION

Signature of A	Administrator/Designee Date
I have review	yed the above information and this driver and vehicle are approved for this trip.
	All "NO" responses have been addressed satisfactorily.
	All students have parental permission to ride with a volunteer driver.
	If the volunteer will have unsupervised student contact, the district has obtained the information to order a Washington State Patrol background information check.
	If the volunteer will drive for more than one day, the volunteer has provided a current drive record ("Volunteer" type) from the Department of Licensing.
ADMINISTRA	ATIVE REVIEW
******	******************************
Signature of '	Volunteer Driver Date
The above in	formation is true and accurate to the best of my knowledge.
	I will not carry any firearms or other dangerous weapons in my vehicle while transporting students on a school trip.
	I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of a van outruck bed.
	If my vehicle has dual airbags, I will not seat children under 13 or small persons in fron passenger seat.
	My vehicle has a rated capacity of ten passengers or less.
	My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
	My vehicle has functioning rear view mirrors (center and left side).
	My vehicle's windows are clear and provide an unobstructed view for the driver.
	My vehicle's brake lights, turn indicators, and headlights are in good working order.
	My vehicle's tires have legal tread depth (at least 3/32").
	My vehicle's brakes, including the emergency brake, are in good working order.
	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.
Please respon YES/NO	nd to each item with a yes or no answer.