



MARYSVILLE SCHOOL DISTRICT VOLUNTEER DRIVER CHECKLIST

(Volunteer to complete and return to Principal/Coordinator)

TRIP INFORMATION

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP IS TO: _____

TRIP IS FROM: _____

MAXIMUM # OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE: _____

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 #: _____ Expiration Date: _____

_____ I have had no vehicle violations or at-fault accidents within the last three years. If you have had any, please list: _____

_____ I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 bodily injury; \$50,000 property damage) and uninsured motorist coverage.

Company: _____ Policy#: _____ Exp. Date: _____

_____ 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)

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 each passenger, and I enforce the wearing of seat belts by all.
- _____ 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 12 years old or small persons in the front passenger seat.

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 used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

ADMINISTRATIVE REVIEW (PRINCIPAL/DESIGNEE)

- _____ I know Risk Management has approved volunteer driver abstract which is on file at the Service Center.
- _____ I know that the Volunteer driver has completed a District Volunteer Application and has been cleared through the Washington State Patrol background check.
- _____ I know all students have parental permission to ride with a volunteer driver.
- _____ I have satisfactorily addressed all “No” responses above.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Administrator/Designee

Date