Volunteer Driver Agreement

This page to be filled out and signed for each field trip

TRIP INFORMATION

Date: _____ School: _____

Purpose of trip: _____

Date of trip: _____

Trip is to: _____ From: _____

Students to be transported: _____

_____ _____

_____ _____

_____ _____

_____ _____

I am aware that the school district vehicle liability insurance will not be in effect. I certify that I have a valid driver's license and a minimum of $100,000/$300,000 liability coverage. The vehicle I will be driving is in safe operating condition and the brakes, brake lights, headlights, and turn signals are in good working order. The vehicle has center and left side rearview mirrors and all windows are clear and provide an unobstructed view. The vehicle has no physical defects that interfere with the safety of the driver and passengers. The vehicle has seat belts for each passenger in the car. All seat belts will be secured when transporting students and I will not exceed the vehicle-rated maximum passenger capacity of the car. My vehicle is not a van with over a ten person rated capacity. I will not transport children 12 and under or small adults in the front seat of a vehicle equipped with a passenger-side air bag. I will not use a cell phone when transporting students (while the vehicle is in motion).

Name of Driver _____

Driver's License Number _____ State _____ Exp. Date _____

Insurance Company _____ Policy # _____

_____
(Signature of Driver) (Date)

_____
(Signature of Parent if Driver Under 21 Years of Age)

Recommended Approval: _____
(Signature of Teacher, Advisor or Coach) (Date)

Recommended Approval: _____
(Signature of Principal) (Date)

Volunteer Driver Agreement

VOLUNTEER DRIVER SCREENING / INSURANCE REQUIREMENTS

This page to be filled out for the first field trip of the year and kept on file for each volunteer driver

Name of driver: _____

Vehicle year / make / model: _____ Lic #: _____

Please respond either Yes or No.

_____ I am older than 21 years of age.

_____ I have a valid 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 $100,000 per occurrence and $300,000 aggregate, and uninsured 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.

_____ The vehicle I will be driving is in safe operating condition; seat belts for each passenger will be secure when transporting students; children 12 and under/small adults will not be transported in the front seat if passenger-side air bag; and maximum passenger capacity will not be exceeded. In addition, the vehicle I will be driving is not a van with over a ten person rated capacity. I will not use a cell phone when transporting students (while the vehicle is in motion).

The above information is true and accurate to the best of my knowledge. For consideration of my transporting students during field trips, I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used, and for my insurance carrier to be contacted and release documentation of my insurance coverage, if proof of coverage has not been provided.

_____ _____
(Signature of Volunteer Driver) (Date)

_____ _____
(Signature of Parent if Driver Under 21 Years of Age) (Date)

ADMINISTRATIVE REVIEW

_____ The District has obtained the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Licensing, and has documentation of required automobile insurance coverage.

_____ The district has obtained the information to order a Washington State Patrol background information check, and a completed District Form 5630F is on file.

_____ All students have parental permission to ride with the 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)