



APPROVAL FOR THE USE OF PRIVATE VEHICLE

ACTIVITY INFORMATION

DATE: _____ SCHOOL: _____

PURPOSE OF ACTIVITY: _____

DATE OF ACTIVITY: From: _____ To: _____

TIME OF ACTIVITY: From: _____ To: _____

DESTINATION: _____

LEAVING FROM: _____

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

(See Page 2/or Restrictions)

DRIVER SCREENING/INSURANCE REQUIREMENTS

NAME OF DRIVER: _____

VEHICLE YEAR/MAKE MODEL: _____

VEHICLE LICENSE NO. _____

Please respond to each item with a Yes or No answer. Affirmative responses are required for all items in order to transport students.

YES/NO

_____ Driver has been approved as a Volunteer per District Policy 5430 and Procedures 5430P.

_____ I am 22 years of age or older.

_____ I have a valid Washington State driver's license. (Copy attached)

_____ I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage. (Proof of Insurance copy attached)

Insurance Company: _____ Policy No.: _____

_____ I am aware that, in the event of an accident while on school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

CERTIFICATION OF VEHICLE CONDITION AND RESTRICTIONS

Please initial affirmative responses. Affirmative responses are required for all items in order to transport students.

___ ___ ___ ___ 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 are in good working order.

___ ___ ___ ___ My vehicle's tires are in good condition.

___ ___ ___ ___ 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 a child is one to four years or under 40 pounds, the child shall ride in a forward facing child safety seat restraint system in the back seat.

___ ___ ___ ___ If a child is less than eight years of age or less than 4 feet 9 inches tall, the child shall ride in a child booster seat, in the back seat.

___ ___ ___ ___ If my vehicle has dual airbags, I will not seat children under the age of thirteen in the front passenger seat.

The above information is true and accurate to the best of my knowledge.

Signature of Volunteer Driver Date

ADMINISTRATIVE REVIEW

All items must be checked before approval will be given to transport students.

___ ___ ___ ___ Driver has been approved as a Volunteer per District Policy 5430 and Procedures 5430P.

___ ___ ___ ___ All students have parental permission to ride with a volunteer driver.

___ ___ ___ ___ All responses to items answered "yes"

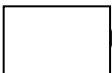
___ ___ ___ ___ Copy of driver's license (copy attached)

___ ___ ___ ___ Copy of proof of insurance (copy attached)

Comments _____

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

Signature of Administrator/Designee Date



Washington State Patrol Background Check EXPIRES: _____