



Sequim School District No. 323

"All Students Will Experience Success"

503 North Sequim Avenue, Sequim, WA 98382

Telephone: (360) 582-3260, FAX: (360) 683-6303, www.sequim.k12.wa.us

VOLUNTEER DRIVER CHECKLIST

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

TRIP IS TO:

FROM: _____

MAXIMUM # OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER VEHICLE _____

DRIVER SCREENING/INSURANCE REQUIREMENT

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 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 combined single limit of liability (or \$100,000/\$300,000 Bodily Injury; \$500,000 Property Damage) and uninsured motorist coverage.

_____ 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 company, and my insurance is primary.

(continued on reverse side)

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 of 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 had no other physical defects that would interfere with the safety of the driver and passengers.
- _____ My vehicle has a rated capacity of 10 passengers or less.
- _____ If you vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.
- _____ I agree to use car seats and/or booster seats as required by law.

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 ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

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ADMINISTRATIVE REVIEW

- _____ If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Licensing.
- _____ If the volunteer will drive for more than one day and will have unsupervised student contact, the district has obtained the information to order a Washington State Patrol background information check.
- _____ 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