



## VOLUNTEER DRIVER CHECKLIST

### TRIP INFORMATION

Name of staff member in charge \_\_\_\_\_

Current Date: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

TRIP IS TO: \_\_\_\_\_

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 #: \_\_\_\_\_ 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 have never been convicted of any crimes against children or other persons.

\_\_\_\_\_ I carry minimum auto liability limits of \$300,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.

**PLEASE ATTACH A COPY OF VEHICLE INSURANCE IDENTIFICATION CARD**

Policy Expiration Date: \_\_\_\_\_  
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, and my insurance is primary.

\_\_\_\_\_ I agree to report to the school principal (or designee) regarding any and all accidents, regardless of how minor, that I am involved in while transporting district staff, volunteers or students.

(Continued on reverse side)



## VOLUNTEER DRIVER CHECKLIST

### 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. I agree to use booster seats/car seats when required by Washington State law.

\_\_\_\_\_ 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 or small persons in the front passenger seat.

\_\_\_\_\_ 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. 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

\_\_\_\_\_ The volunteer driver has an acceptable driving abstract, (three-year comprehensive record from the Washington State Department of Licensing) if one was required.

\_\_\_\_\_ 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

## Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: \_\_\_\_\_

Agent business name if acting on behalf of the company for employment purposes: \_\_\_\_\_

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of  
Your name  
 the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name ( <i>First, Middle, Last</i> )	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature <b>X</b>	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Release of Interest;" any defects in any of Company's procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name Issaquah School District	Authorized representative name Jake Kuper	Title Exec Dir Fin & Operations
Address 565 NW Holly Street, Issaquah, WA 98027		

9/15/16

Date and place signed

**X** Jake Kuper

Authorized representative signature

**NOTE:** The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.