FIELD/ACTIVITY TRIP-DRIVER OF A PRIVATE VEHICLE AGREEMENT FORM

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)
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

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Adopted:  Revised: 9.27.11; 10.16.13; 7.10.15; 8.17.15; 04.30.17:

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