

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

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