**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.

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>I am older than 21 years of age.</td>
</tr>
<tr>
<td>______</td>
<td>I have a valid Washington State driver’s license.</td>
</tr>
<tr>
<td></td>
<td>License#: ______________________ Exp. Date: ____________________________</td>
</tr>
<tr>
<td>______</td>
<td>I have had no vehicle moving violations or at-fault accidents within the last three years. If you have had any, please list:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>______</td>
<td>I have never been convicted of any crimes against children or other persons.</td>
</tr>
<tr>
<td>______</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

Policy Expiration Date: ______________________
Company: ______________________ Policy #: ______________________

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>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.</td>
</tr>
<tr>
<td>______</td>
<td>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.</td>
</tr>
</tbody>
</table>

(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 _______________________________

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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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