

**ISSAQUAH SCHOOL DISTRICT**  
**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: \_\_\_\_\_ License #: \_\_\_\_\_

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.

Series 2000: Instruction

**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

"Pursuant to the WASHINGTON ELECTRONIC AUTHENTICATION ACT, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge."  
\*\*\*\*\*

**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