

**SCHOOL DISTRICT VOLUNTEER DRIVER
PERSONAL VEHICLE CHECKLIST**

PLEASE ATTACH COPY OF DRIVERS LICENSE AND PROOF OF INSURANCE

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP IS TO: _____

TRIP IS 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 am physically able to meet the responsibilities of transporting students.

_____ I have a valid Washington State driver's license.

License #: _____ Expiration Date: _____

_____ I have not had my driving license privileges suspended or revoked in the preceding three years.

_____ I have not had two or more speeding tickets in excess of ten miles per hour over the speed limit within any twelve months period in the preceding three years.

_____ I have not been convicted or undergone a deferred prosecution for any misdemeanor, gross misdemeanor, or felony that is related to the duty of driving students.

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

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.

(Continued on reverse side)

