

SCHOOL DISTRICT VOLUNTEER DRIVER-DISTRICT VEHICLE CHECKLIST

PLEASE ATTACH COPY OF DRIVERS LICENSE

NAME OF DRIVER: _____

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP(S): _____ DATE OF TRIP: _____

DRIVER SCREENING/INSURANCE REQUIREMENTS

Please respond with a "YES" or "NO" answer:

YES **NO**

- I am 21 years of age or older.
- I am physically able to meet the responsibilities of transporting students.
- I have a valid Washington State driver's license.
License #: _____ Expiration Date: _____
- My driving license privileges have been suspended or revoked in the last three years.**
- I have 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 been convicted or undergone a deferred prosecution for any misdemeanor, gross misdemeanor, or felony that is related to the duty of driving students.**
- I will be transporting someone other than participants or others that have an official role for the district in the school-related function.**

**A "YES" was answered to any of the four questions with a double asterisk will require a review and override by the superintendent.

Superintendent

Date

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.

Signature of Volunteer Driver

Date

Signature of Administrator/Designee

Date