

## Volunteer Driver Checklist

### *TRIP INFORMATION*

Date: \_\_\_\_\_ School: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Trip is to: \_\_\_\_\_ From: \_\_\_\_\_

Students to be transported by this driver: (A completed parent/guardian permission (Policy 2320 form 1) is required for each student listed below.)

_____	_____
_____	_____
_____	_____
_____	_____

### *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 carry minimum auto liability of \$100,000 per occurrence and \$300,000 aggregate and uninsured motorist coverage (attach a copy of proof of insurance.)  
Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_ I will make sure every student is wearing their own seat belt.

\_\_\_\_\_ I will not transport children 12 and under or small adults in the front seat of a vehicle equipped with a passenger-side air bag.

\_\_\_\_\_ **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.**

**UNACCEPTABLE DRIVING RECORD**

- If a driver has any of the following violations or convictions, he/she would not be able to transport students (i.e., having any of the following violations or citations on the driving abstract would be an **unacceptable driving record for at least five (5) years**). This list is not comprehensive, there may be other offenses that would be unacceptable for any volunteer driver.
  - More than one moving violation in the past 12 months
  - More than two moving violations in the last 3 years
  - Driving while intoxicated
  - Reckless driving
  - Driving while under the influence of drugs
  - Speed contest (racing)
  - Hit and run
  - Driving while license is suspended or revoked
  - Driving without valid driver's license
  - Vehicular assault, homicide, or manslaughter
  - Any citations for failure to maintain auto insurance
  - Any at-fault accidents

**I AGREE TO HAVE THE SCHOOL SEND THIS PAPER WORK TO OTHER SCHOOL'S WHERE I HAVE STUDENTS ENROLLED:**

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**Parent signature**

**Date**

**Please List Schools**

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**I have attached photocopies of the following documents to this form:**

- Drivers License**
- Registration**
- Vehicle Insurance**
- Driver's Abstract**

The above information is true and accurate to the best of my knowledge.

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Signature of Volunteer Driver

Date

Recommend Approval / Disapproval (Teacher/Advisor/Coach) Please Circle One

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Signature of Teacher/Advisor/Coach

Date

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***ADMINISTRATIVE REVIEW***

\_\_\_\_\_ The volunteer has provided a copy of the Volunteer's driver's abstract from the department of licensing.

\_\_\_\_\_ The volunteer has passed screening by the District's Human Resources Department in the last year.

\_\_\_\_\_ All students have parental permission to ride with the 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.

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Signature of building Administrator/Designee

Date