

DRIVER SCREENING AND INSURANCE REQUIREMENTS

Name First _____ Middle _____ Last _____

Drivers' License Number _____ State _____ Expiration Date _____

Vehicle (1) Year/Make/Model _____ License Number _____

Maximum number of students transported with working seat belts _____

Vehicle (2) Year/Make/Model _____ License Number _____

Maximum number of students transported with working seat belts _____

Vehicle (3) Year/Make/Model _____ License Number _____

Maximum number of students transported with working seat belts _____

Please circle yes or no:

Yes No I am older than 21 years of age.

Yes No I have a valid Washington State driver's license.

Yes No I have had vehicle moving violations within the last three years. If yes, list violations and dates.

Yes No I carry minimum auto liability limit of \$300,000 combined single limit liability (or \$100,000/\$300,000 bodily injury and \$50,000 property damage) and uninsured motorists coverage with matching limits.

Insurance Company _____

Policy # _____ Dates of Current Policy _____

**** PLEASE ATTACH PROOF OF INSURANCE INCLUDING COVERAGE AND EXPIRATION DATE ****

VEHICLE INSPECTION

____ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.

____ 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 6 years of age or weighing less than 60 lbs. in front passenger seat.

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 school activities.

Volunteer Driver Signature _____ Date _____