

**VANCOUVER PUBLIC SCHOOLS
VOLUNTEER PARENT DRIVER STATEMENT**

VOLUNTEER DRIVER STATEMENT/INSURANCE REQUIREMENTS (To be completed by volunteer. Valid for current school year only.)

For School Year: _____

Name as it Appears on Driver's License: _____

Vehicle Year/Make/Model: _____

License # and State: _____ Seating Capacity Incl. Driver _____

YES/NO

1. _____ I am older than 25 years of age.
2. _____ I have a valid driver's license. *Please attach a photocopy.*
3. _____ Have you had any moving violations or at-fault accidents within the last 3 years? If you answered "yes" to this statement please list all violations within the last 3 years: _____

4. _____ Have you had any alcohol related driving tickets? If you answered "yes" to this statement please explain: _____
5. _____ I have at least the Washington State minimum auto insurance requirement of \$25,000 of bodily injury or death of one person in any one accident; \$50,000 of bodily injury or death of any two people in any one accident; and \$10,000 of injury to or destruction of property of others in any one accident. *Please attach a copy of your auto insurance identification card.*
6. _____ 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 coverage is primary.
7. _____ I am the registered owner of the vehicle.
8. _____ There is a working seat belt for the driver and age-appropriate passenger restraints for each passenger, and I enforce the use of passenger restraints by all occupants of my vehicle.
9. _____ My vehicle's brakes, including the emergency brake, are in good working order.
10. _____ My vehicle's tires have legal tread depth (at least 3/32").
11. _____ My vehicle's brake lights, turn indicators, and headlights are all working.
12. _____ My vehicle's windows are clear and provide an unobstructed view for the driver.
13. _____ My vehicle has functioning rear view mirrors (center and left side).
14. _____ My vehicle has no other physical defects that would interfere with the safety of the driver or passengers.

- 15. _____ My vehicle has a rated capacity of ten passengers (including the driver) or less.
- 16. _____ If my vehicle has dual airbags, I will not seat children under 13 or small persons in the front passenger seat.
- 17. _____ I will not transport students in a motorhome, fifth-wheel trailer, cargo compartment of a van or in a truck bed.

The above information is true and accurate to the best of my knowledge. I hereby give permission for a copy of my personal State Abstract of Driving Record (three-year comprehensive record) to be ordered and used in consideration of my transporting students during field trips. I agree to operate my vehicle within all applicable motor vehicle laws.

Signature of Volunteer Driver _____
Date

ADMINISTRATIVE REVIEW

- _____ The volunteer did not answer "yes" to either question 3 or question 4 above.
- _____ All "NO" responses have been satisfactorily addressed.
- _____ The school/department has verified the volunteer successfully passed the Vancouver Public Schools Volunteer Clearance Process.
- _____ Other _____

The school/department has reviewed all of the information provided by the volunteer parent driver. They *are* _____ *are not* _____ approved for the current school year.

Signature of Administrator _____
Date

(THIS FORM TO BE RETAINED AT THE SCHOOL)