

VOLUNTEER DRIVER CHECKLIST

TRIP INFORMATION

PURPOSE OF TRIP: to shoot videos and take photos for use in class

RANGE OF DATES FOR TRIPS: July 13-17, 2009 and July 20-24, 2009

TRIPS ARE TO: various nearby locations

FROM: Mount Si High School

MAXIMUM # OF PEOPLE TO BE TRANSPORTED IN VOLUNTEERS' VEHICLES: 21

DRIVER SCREENING/INSURANCE REQUIREMENTS AND VEHICLE INSPECTION

Please respond to each item with a YES or NO answer.

- _____ I am older than 21 years of age.
- _____ I have had no vehicle moving violations or at-fault accidents within the last three years.
- _____ I have never been convicted of any crimes against children or other persons.
- _____ I carry minimum auto liability limits of \$300,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.
- _____ I am aware that in the event of an accident, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.
- _____ I agree to report to the PSESD designee regarding any and all accidents, regardless of how minor, that I am involved in while transporting class participants.
- _____ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.
- _____ My vehicle is in good working order and has no physical defects that would interfere with the safety of the driver and passengers.
- _____ My vehicle has a rated capacity of ten passengers or less.
- _____ The above information is true and accurate to the best of my knowledge.

PRINTED NAME OF DRIVER: _____

DRIVER'S LICENSE #: _____ Exp. Date: _____

VEHICLE YEAR/MAKE/MODEL: _____ LIC #: _____

AUTO INSURANCE COMPANY: _____ Policy #: _____

SIGNATURE OF DRIVER: _____ Date: _____

ADMINISTRATIVE REVIEW

I have reviewed the above information, and this driver and vehicle are approved for these trips.

Signature of Administrator/Designee

Date