Port Townsend School District Vehicle Driver Requirements to Transport Students

Volunteers and employees must be approved to transport students by following the steps outlined below. Volunteers may only be approved to transport students in a private vehicle; school employees may also be approved to transport students in a district vehicle.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
<th>Phone:</th>
</tr>
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**Documents Required for 1st Time Approval to Drive Port Townsend School District Students**

**Applicant Required Documents for All Drivers:**
- [ ] Non-Employee Applicants: Must complete and pass the BIB online background check
- [ ] Applicant is 25 years of age or older
- [ ] Applicant has been driving a minimum of 5 years
- [ ] Applicant provides copy of valid First Aid / CPR card
- [ ] Applicant provides copy of Driver’s License
- [ ] Applicant provides copy of DOL Driving Abstract – DOL Cost $13.00 / Full Record

*Can be obtained at: [http://www.dol.wa.gov/driverslicense/drivingrecord.html](http://www.dol.wa.gov/driverslicense/drivingrecord.html)*

**Additional Applicant Documents for Personal Vehicles:**
- [ ] Personal Vehicle Inspection Form
- [ ] Applicant provides a copy of insurance coverage with minimum auto liability limits of $100,000 per occurrence and $300,000 aggregate. Must also have uninsured motorist coverage.

**District Assigned Training Courses**

- [ ] CPR (if needed)
- [ ] First Aid (if needed)
- [ ] Defensive Driving
- [ ] Road Rage
- [ ] Van Safety (Dist. Employee/Coaches)
- [ ] Winter Driving

Authorized drivers are required to complete the Renewal process every two years.

**Renewal Required - Every 2 Years**

**Applicant Required Documents for All Drivers:**
- [ ] Non-Employee Applicants: Must renew/complete and pass the BIB online background check
- [ ] All Applicant’s provide an updated copy of Driver’s License
- [ ] All Applicant’s provide an updated copy of DOL Driving Abstract – DOL Cost $13.00 / Full Record

[http://www.dol.wa.gov/driverslicense/drivingrecord.html](http://www.dol.wa.gov/driverslicense/drivingrecord.html)*

**Additional Applicant Documents for Personal Vehicles:**
- [ ] Personal Vehicle Inspection Form
- [ ] Applicant provides an updated/current copy of insurance coverage with minimum auto liability limits of $100,000 per occurrence and $300,000 aggregate. Must have uninsured motorist coverage.

** All applicants will be assigned the same Safe School Training Courses noted above for renewal. All Training must be completed prior to renewal of authorization to drive students.**

I have reviewed the above information and this applicant and/or vehicle are approved for transporting students on district business or field trips.

Signature of Transportation Supervisor / District Designee

Date

Port Townsend School District No. 50 complies with all federal and state rules and regulations and does not discriminate in any programs or activities on the basis of race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sex, sexual orientation including gender expression of identity, marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. Further, the district will provide equal access to the Boy Scouts of America and other designated youth groups. The following employee(s) have been designated to handle questions and complaints of alleged discrimination:

Compliance Coordinator per State law (RCW 28A.640/28A.642): Amy Khile, 1610 Blaine St., (360) 379-4603. Section 504/ADA Coordinator: Shelby MacMeekin, 1637 Grant St., (360) 379-4535. Title IX Coordinator: Laurie McGinnis, 1610 Blaine St, Port Townsend, WA (360) 379-4602.

Rev: 09-2020
PORT TOWNSEND SCHOOL DISTRICT
USE OF PERSONAL VEHICLE TO TRANSPORT STUDENTS

Any adult transporting student’s for district business must complete this form and provide it to the building administrator for signature. Employees are not to drive their personal vehicle for district business without prior approval by means of written notification from the district. It is your responsibility to notify the District Office of any changes that occur during the school year which could affect district approval (i.e. license cancellation or suspension, cancellation of automobile insurance, serious motor vehicle violation or at-fault accident).

DRIVER SCREENING/INSURANCE REQUIREMENTS

LEGAL NAME: ____________________________________________________________

SCHOOL OR BUILDING LOCATION: ___________________ School Year: ______

☐ VOLUNTEER    ☐ EMPLOYEE    ☐ OTHER

VEHICLE: YEAR/MAKE/MODEL: ___________________________________________ LIC #/State: ______

YES/NO

________ I am older than 25 years of age with a minimum of 3 years driving experience.

________ I have a valid Washington State driver's license.

License #: ___________________________ Exp. Date: __________

________ I have had no vehicle moving violations or at-fault accidents within the last three years.

If you have had any, please list: __________________________________________

________ I carry minimum auto liability limits of $100,000 per occurrence and $300,000 aggregate combined single limit of liability (or $100,000/$300,000 Bodily Injury; $50,000 Property Damage), automobile medical payments or Personal Injury Protection Coverage and uninsured motorist coverage.

Insurance Company: ____________________________

Policy #: ___________________________ Expiration Date: __________

________ I am aware that, in the event of an accident while on district business or school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

The above information is true and accurate to the best of my knowledge. I agree to notify the district of any motor vehicle infractions (tickets) and/or chargeable accidents or cancellations or reduction of coverage to my automobile insurance

Signature of Employee/Volunteer Driver ____________________________ Date __________

Signature of Building Administration ____________________________ Date __________

Rv: 3-20-19
VEHICLE INSPECTION

YES/NO

_____ 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 age 13 or small persons in front passenger seat.

_____ I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of a van or truck bed.

_____ I agree to use booster seats/car seats when required by Washington State law.

Signature of Volunteer Driver ____________________________ Date ______________

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ADMINISTRATIVE REVIEW

_____ If the employee is required by job description to regularly drive their personally owned vehicle for district business, the district has required driver to provide an original motor vehicle abstract (three-year comprehensive record) from the Department of Licensing. This abstract has been reviewed and meets district approval.

_____ All "NO" responses have been addressed satisfactorily

I have reviewed the above information and this employee and vehicle are approved for driving personal vehicle on district business or for a field trip.

Signature of Administrator/Designee (District Office) ____________________________ Date ______________

Rv: 3-20-19