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
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

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