

VOLUNTEER DRIVER FOR FIELD TRIP

Personal Vehicle:

- Complete the online training courses for Defensive Driving and Road Rage.
- Submit a driving abstract obtained from the Department of Licensing within the last 30 days
- Complete online training course for CPR and First Aid
- Current volunteer form on file.

The above courses will be assigned to your email account through our SafeSchools Training Program.

- Once you have completed the training programs, complete form Use of Personal Vehicle to Transport Students
- Submit completed form to building office for administrative review and signature; forward to district office
- District office reviews and signs form indicating SafeSchools courses are complete and insurance coverage with required limits has been provided

District Vehicle (Staff and Volunteer Coaches ONLY):

- Complete the online training courses for Defensive Driving, Road Rage, Van Safety and Winter Driving.
- Submit a driving abstract obtained from the Department of Licensing within the last 30 days
- Submit a copy of current/valid driver's license
- Provide proof of current and valid CPR and First Aid Training.
- Schedule the Observation Ride with the Transportation Department

The above courses will be assigned to your email account through our SafeSchools Training Program.

Application For:

- Personal
- District – Type II (Volunteer Coaches Only)

Port Townsend School District Transportation Application Instructions - Volunteers

Thank you for your willingness to volunteer with Port Townsend School District. To ensure the safety of our students and staff, there is a Volunteer application packet you must complete before you can begin your volunteer transportation assignment.

- **Volunteers – EVERY TWO YEARS**
 - Volunteer must have an approved Volunteer Application on file with a Washington State Patrol background check ran in the last 2 years. This does not apply to staff members.
- **Driving Abstract - YEARLY**
Attach the original driving abstract obtained from the Department of Licensing within the last 30 days and present it with this packet of information. This may be done in person or online once a year.
- **Safety Training Course – EVERY TWO YEARS**
If operating a vehicle you must complete an online transportation safety training course provided by Port Townsend School District. If operating a District Vehicle, you must take all of the courses below.
 - Personal Vehicle** (Defensive Driving and Road Rage) – 35 minutes
 - District Vehicle** (Defensive Driving, Road Rage, Van Safety, Winter Driving) – 75 minutes
- **First Aid – EVERY TWO YEARS**
 - District Vehicle: Provide proof of current and valid CPR and First Aid training –
 - Personal Vehicle: Volunteer driving personal vehicle must pass and complete CPR and First Aid refresher course provided by Port Townsend School District.
- **Provide a Copy of Driver’s License**
Attach a copy of your current driver’s license. This also helps to verify identity during the background check. The District requires that volunteer chaperones be at least 21 years old. Volunteer chaperones who transport students in their personal vehicles must be at least 25 years of age and have a minimum of 3 years driving experience.
- **Provide Insurance Coverage Information for Operating a Personal Vehicle- YEARLY**
Attach a copy of your insurance coverage with 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.
- **Personal Vehicle Inspection Form – YEARLY**

Please submit the following documents in order to be on the volunteer list:	
Volunteer Application Form or Renewal Form on file	Date Cleared:
Washington State Patrol Background Pulled	Date Cleared:
Original Department of Licensing Driving Abstract (\$13.00)	
Safety Training Course(s)	Date Completed:
First Aid/CPR	
Copy of Driver’s License	
Proof of insurance	
Personal Vehicle Inspection Form	
District Vehicle Authorization (Volunteer Coaches Only) Contact Vickie Lowrie in the District Office	

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 and opportunity to meet 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 for State Law (RCW 28A.640/28A.642): Sara L. Bonneville, 1610 Blaine St. (360)379-4603. Section 504/ADA Coordinator: Patrick Kane, 1610 Blaine St. (360)379-4501; Title IX Coordinator: Scott R Wilson, 1500 Van Ness St, Port Townsend, WA 98368, (360)379-4520.

PORT TOWNSEND SCHOOL DISTRICT
PERSONAL VEHICLE TO TRANSPORT STUDENTS AUTHORIZATION FORM

Any adult transporting student's for district business in their personal vehicle must complete this form. 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).

TRIP INFORMATION

DATE: _____ SCHOOL OR BUILDING LOCATION: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP IS TO: _____

FROM: _____

MAXIMUM # OF STUDENTS TO BE TRANPORTED IN VOLUNTEER'S VEHICLE: _____

DRIVER SCREENING/INSURANCE REQUIREMENTS

LEGAL NAME: _____

VOLUNTEER EMPLOYEE OTHER _____

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

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. **NEED COPY OF INSURANCE BINDER PAGE**

Insurance Company: _____ Policy #: _____

_____ 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.

(Continued on reverse side)

VEHICLE INSPECTION – Completed by Volunteer Driver

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 12 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.
- _____ I agree all occupants of my vehicle will have and use their own individual seat-belt.

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 Volunteer Driver

Date

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