Application for:					
☐ Personal Vehicle		Port Townsend Scl	hool District Vehicle		
\square District-Type II/Van (District Staff only)	Driver Requiremen	nts to Transport Students		
Volunteers and employ approved to transport vehicle.	ees must be approved to transport s students in a private vehicle; schoo	cudents by following the steps I employees may also be appi	outlined below. Volunteers may only be roved to transport students in a district		
Date:	Name:		Phone:		
	ents Required for 1st Time Approv	al to Drive Port Townsend S	chool District Students		
Applicant Required Documents for All	Non-Employee Applicants: Must complete and pass the BIB online background check				
Drivers:	☐ 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				
		Driving Abstract – DOL Cost \$13 ://www.dol.wa.gov/driverslicer			
	our so obtained of. May	, y www.doi.wd.govydriversneer	ise/arrwingrecord.hem		
Additional Applicant Documents for	☐ Personal Vehicle Inspection Form				
Personal Vehicles:	☐ 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.				
	7	garo. Waot also have allinoused			
	Diamin A				
District Assigned		gned Training Courses			
On-line Safe School	☐ CPR (if needed)☐ First Aid (if needed)	☐ Road Rage	male (e.g. (Cooch co)		
Training Courses	Defensive Driving	☐ Van Safety (Dist. Er☐ Winter Driving	nployee/Coacnes)		
(Sent via Email)					
Aut	horized drivers are required to co	emplete the Renewal proces	s <u>every two years</u> .		
	Renewal Required - Ev	ery 2 Years			
	☐ Non-Employee Applicants: Mus	t renew/complete and pass the	BIB online background check		
Applicant Required Documents for All	☐ All Applicant's provide an updat ☐ All Applicant's provide an updat		DOL Cost 642 00 / Full Bossed		
Drivers:		iverslicense/drivingrecord.html			
Additional Applicant Documents for	Personal Vehicle Inspection For				
Personal Vehicles:	☐ Applicant provides an updated/ of \$100,000 per occurrence and	3300,000 aggregate. Must have	rage with minimum auto liability limits e uninsured motorist coverage.		
			-		
		d the same Safe School Trainir opleted prior to renewal of aut	ng Courses noted above for renewal. Chorization to drive students.		
I have reviewed the above trips.	e information and this applicant and/or	vehicle are approved for transp	orting students on district business or field		

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, honorable 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:

Date

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

Signature of Transportation Supervisor / District Designee

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:LIG	C #/State:
YES/NO	
I am older than 25 years of age with a minimum of 3 years driving ex	xperience.
I have a valid Washington State driver's license.	
License #:Exp. Date:	
I have had no vehicle moving violations or at-fault accidents within to If you have had any, please list:	
I carry minimum auto liability limits of \$100,000 per occurrence and combined single limit of liability (or \$100,000/\$300,000 Bodily Injur Damage), automobile medical payments or Personal Injury Protection uninsured motorist coverage.	\$300,000 aggregate ry; \$50,000 Property on Coverage and
Insurance Company: Expiration Date:	
I am aware that, in the event of an accident while on district business activity, any claims will be tendered to my personal automobile insuring insurance is primary.	or school-related
The above information is true and accurate to the best of my knowledge. I agree to any motor vehicle infractions (tickets) and/or chargeable accidents or cancellat coverage to my automobile insurance	o notify the district of ions or reduction of
Signature of Employee/Volunteer Driver Date	
Signature of Building Administration Date	

VEHICLE INSPECTION

	ed the above information and this employee and vehicle are approved for driving personal trict business or for a field trip.				
	All "NO" responses have been addressed satisfactorily				
	vehicle for district business, the district has required driver to provide an original moto vehicle abstract (three-year comprehensive record) from the Department of Licensing. This abstract has been reviewed and meets district approval.	r			
	If the employee is required by job description to regularly drive their personally owned				
ADMINISTR	RATIVE REVIEW				
*****	*************************	k**			
Signature of V	Volunteer Driver Date				
	I agree to use booster seats/car seats when required by Washington State law.				
-	I will not transport students in a motor home, fifth-wheel trailer, cargo compartment of van or truck bed.	of a			
	front passenger seat.	5 111			
	My vehicle has a rated capacity of ten passengers or less. If my vehicle has dual airbags, I will not seat children <i>under age 13</i> or small persons in				
()	My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.				
\$ 8	My vehicle has functioning rear view mirrors (center and left side).				
):	My vehicle's windows are clear and provide an unobstructed view for the driver.				
0. 	My vehicle's brake lights, turn indicators, and headlights are in good working order.				
(My vehicle's tires have legal tread depth (at least 3/32").				
.===:	My vehicle's brakes, including the emergency brake, are in good working order.				
	There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.				
YES/NO					

Rv: 3-20-19 Page 2 of 2