



### VOLUNTEER AUTHORIZATION TO TRANSPORT STUDENTS

Any volunteer, who transports students for school activities in a private vehicle, must complete and submit this form to the building administrator for approval. Volunteers are not authorized to transport students until they receive notification from the building administrator that their request form has been approved. Approval to transport students is only valid for the date(s) indicated. If deemed necessary, the Puyallup School District reserves the right to request a volunteer's Abstract of Driving Record from the Department of Licensing.

Name of driver (Last, First, Middle): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers' License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Liability Insurance Carrier: \_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Circle Yes or No:**

- **Yes**    **No**    I am at least 21 years of age.
- **Yes**    **No**    I have a valid Washington State driver's license.
- **Yes**    **No**    I have an active auto liability insurance policy (policy information provided above) that carries a minimum liability limit of \$100,000 per person/\$300,000 per accident and \$50,000 property damage. The policy includes coverage for general liability, bodily injury, property damage, and uninsured/underinsured motorist (for use when driving students in your personal vehicle).
- **Yes**    **No**    I understand that if I am involved in a motor vehicle accident while driving my personal vehicle on school related business that my personal auto insurance policy will be considered the primary insurance coverage, and that any and all claims will be submitted to my personal insurance carrier for payment. The Puyallup School District's liability insurance coverage will be considered secondary coverage, and applicable only after all limits under my personal insurance policy have been exhausted.
- **Yes**    **No**    I certify that my vehicle has no known mechanical defects, and no known safety deficiencies.
- **Yes**    **No**    I certify that all occupants of any vehicle I use to transport students will be required to individually wear a seat belt, including both the driver and passengers. If the vehicle I am driving to transport students is equipped with a passenger side air bag, I will not allow any student to ride in the front passenger seat if they are less than 12 years old, or weigh less than 100 pounds.
- **Yes**    **No**    I understand that I may only transport students in vehicles with a rated capacity of 10 passengers, including the driver, or less. Any vehicles with a greater than 10 passenger rated capacity are prohibited.
- **Yes**    **No**    I agree to immediately report to the school principal (or designee) regarding any and all accidents, regardless of how minor, that I am involved in while transporting district staff, volunteers, or students.

- **Yes No** I certify that I have no known medical condition that would adversely affect my ability to safely transport students in a motorized vehicle.
- **Yes No** I have had a moving vehicle violation(s) within the last three (3) years. (If **“Yes,”** list violation and date):

Violation:	Date:

Please note that no person shall be authorized to transport students for the Puyallup School District, if in the preceding three (3) year period, has been convicted or cited by lawful authority for the following:

- |                                     |  |
|-------------------------------------|--|
| 1. DUI / DWI                        | 9. More Than Two Citations in a 3-year period            |
| 2. Deferred Prosecution             | 10. Suspended License – Moving and Administrative Action |
| 3. Negligent Driving                | 11. Failure to Appear                                    |
| 4. Reckless Driving                 | 12. Vehicular Homicide                                   |
| 5. Open Container Violation         | 13. Vehicular Assault                                    |
| 6. Speeding (11 MPH or more excess) | 14. Road Rage  |
| 7. Violating License Restrictions   | 15. Hit and Run Driving                                  |
| 8. Illegal Drugs                    | 16. Other Citations (as deemed appropriate)              |

**I certify that I have answered all of the above questions truthfully and have not withheld any information.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

***\* Before submitting this form for approval, please attach a photocopy of your current driver’s license and proof of insurance.***

*For Approving Authority Use Only:*

\_\_\_\_\_ Washington State Patrol background check conducted.

\_\_\_\_\_ All students have parental permission to ride with a volunteer driver.

The above individual’s application is:                      APPROVED                      DENIED

Dates this volunteer is approved to drive students: \_\_\_\_\_ to \_\_\_\_\_

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_