



**STANWOOD-CAMANO SCHOOL DISTRICT
VOLUNTEER FIELD TRIP DRIVER INFORMATION**

FULL LEGAL NAME: _____ **DATE:** _____

TEACHER NAME/CLASS: _____ **SCHOOL:** _____

DATE/LOCATION OF FIELD TRIP: _____

VEHICLE MAKE: _____ **MODEL:** _____ **YEAR:** _____

NUMBER OF SEATBELTS IN VEHICLE (Including driver's): _____

INSURANCE CARRIER: _____

NOTE: YOU MUST CARRY A MINIMUM OF \$100,000/\$300,00 OF INSURANCE AND PROVIDE PROOF OF THAT COVERAGE. Proof of Insurance identification is not adequate, an actual copy of your coverage showing the limits of liability is required. (If the minimum coverage is not at least \$100,000/\$300,000 then a binder for the field trip must be obtained from your insurance carrier.)

The following items must be completed prior to driving:

- I have completed the required Volunteer Application (Form 5630 F1)
- I have completed or provided the required Driving Record Abstract (Form DR-500-009 REQUEST ADR)
- I have provided copies of my insurance liability limits which equal or exceed the required \$100,000/\$300,000 coverage

Signature of Volunteer

Date





VOLUNTEER DRIVER CHECKLIST (To be completed by Volunteer Driver)

Trip Information

School: _____ Date: _____

Date of Trip: _____ Destination: _____

Maximum number of students to be transported in volunteer's vehicle: _____

Driver Screening/Insurance Requirements

Name of Driver: _____

Vehicle Year/Make/Model: _____

Vehicle License Number: _____

Please respond to each item with a Yes or No answer:

YES **NO**

 I am older than 22 years of age.

 I have a valid Washington State Driver's License.
License #: _____ Expiration Date: _____

 I am a district employee and have a Type II license.

 I have had no vehicle moving violations or at-fault accident(s) within the last three years.
If so, please list any violations: _____

 I have provided a current driver abstract issued by Washington State DOL.

 I carry minimum auto liability limits of \$300,000 per occurrence, combined single limit of liability (or \$100,000 per person/\$300,000 per occurrence Bodily Injury Liability and \$50,000 Property Damage Liability limits) and uninsured motorist coverage with the same limits. (Copy is attached)

Insurance Company: _____

Policy Number: _____

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

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 occupants.
- 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 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 a child is one to four years or under 40 pounds, the child shall ride in a forward facing child safety seat restraint system, or, if child is under 8 years of age and 4'9" tall, the child shall ride in a booster seat with lap and shoulder belt.
- If my vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

Administrative Review

YES NO

- The district has obtained the information to order a Washington State Patrol background information check.
- The district volunteer coordinator has received current driver abstract information.
- All students have parental permission to ride with a volunteer driver.
- All "No" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this activity.

Signature of Administrator/Designee

Date

Note: Copy to principal
Copy to Human Resources



Driving Record Request

Use this form to request a **driving record**. We will email, fax, or mail the record(s) to you or to the individual or company you request below. Mail this request and **\$13 for each record requested** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907

For validation only

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106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor information

Requestor name	(Area code) Daytime telephone number
Name of individual or company where you want the drive record(s) sent	
How would you like the driving record(s) sent to you? <i>(Choose one)</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail	Delivery information (Email, [Area code] Fax number, or Mailing address)
<p><i>I certify under penalty of perjury I am entitled by federal or state laws to obtain an abstract of the driver record of the individual(s) requested.</i></p>	
Date and place signed	X Signature

Drive record(s) requested

Type of record requested <i>(select all that apply)</i>		
Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records:		
<input type="checkbox"/> Noncommercial insurance record (3 year) —Used to create and renew vehicle insurance policies.		
<input type="checkbox"/> Commercial insurance record (3 year) —Used to create and renew commercial vehicle insurance policies.		
<input type="checkbox"/> Life insurance record (3 year) —Used to create and renew life insurance policies.		
<input type="checkbox"/> Employment record —Used by employers to determine employment eligibility.		
<input type="checkbox"/> Volunteer/ Transit record —Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.		
<input type="checkbox"/> School bus driver record —Used to determine if a person should be employed to operate a school bus.		
Bill and mail this request to school district _____		
School district authorization _____ Requestor code _____		
<input type="checkbox"/> Complete record —A complete driving record of the person named on the driving record.		
Name <i>(Last, First, Middle Initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Name <i>(Last, First, Middle Initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Name <i>(Last, First, Middle Initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Name <i>(Last, First, Middle Initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>
Name <i>(Last, First, Middle Initial)</i>	Washington driver license number	Date of birth <i>(mm/dd/yyyy)</i>

If requesting additional records, attach separate sheet(s) using the same format as above. Submit \$13 for each record requested.

RCW 46.52.130, 18 USC Chapter 123

VOLUNTEER APPLICATION

~Please complete the following information carefully~

~**PRINT YOUR** full legal name and date of birth or form cannot be processed for clearance~

PLEASE BE PREPARED TO SHOW PICTURE ID TO SCHOOL PERSONNEL FOR VERIFICATION

RENEWAL or INITIAL CLEARANCE

YOUR

Full Name: _____
 (First) (MI) (Last)

Male **YOUR FULL**

Female Date of Birth: _____
 (REQUIRED)

Address: _____

Home Phone: _____ Work/Cell Phone: _____

I would like to volunteer or help in the following way: _____

I wish to volunteer at the following schools All Schools (No Location Preference)

- Cedarhome Elementary Elger Bay Elementary Stanwood Elementary Twin City Elementary Utsalady Elementary
 Port Susan Middle Stanwood Middle Lincoln Hill/Alternative Schools Stanwood High School Saratoga School

<u>Children's Name(s)</u>	<u>Teacher/Room</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to complete the following disclosure information and understand that a satisfactory State Criminal History Background Clearance is required and that my service as a volunteer is dependent upon approval. I understand this time is spent in a volunteer capacity only and I agree to comply with district, school and classroom rules, procedures and policies, including, but not limited to the HIB (Harassment/Intimidation & Bullying) training annually.

Signature: _____ Date: _____

VOLUNTEER DISCLOSURE STATEMENT PURSUANT TO CHAPTER 43.43 RCW

Please Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. I understand that the Stanwood-Camano School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding my criminal history and civil adjudications.

1. Have you ever been convicted of any crime?

The term 'convicted' means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

YES NO If YES, PLEASE EXPLAIN: _____

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding.

A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

YES NO If YES, PLEASE EXPLAIN: _____

Any misrepresentation or omission of facts shall be sufficient cause for rescission of an offer of employment or termination of employment/volunteer status.

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Print Name _____ Phone _____

Signature _____ Date _____

Clearance is effective for two (2) years from date below unless otherwise notified.

OFFICE USE ONLY: DATE: _____ NOTATION IF APPLICABLE: Ltd NO

Picture ID Shown: WDL/ Other _____ By School District Employee/Witness _____ Date: _____

THE STANWOOD-CAMANO SCHOOL DISTRICT IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER The Stanwood-Camano School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sex, sexual orientation including gender expression or identity, marital status, the presence of any sensory, mental or physical disability or the use of a trained guide dog or service animal by a person with a disability. This applies to all district employment, programs, activities and opportunities

