

VOLUNTEER DRIVER FORM
Port Townsend School District No. 50

- 1. Name of Driver: _____
- 2. Driver's License No.: _____
- 3. Date of Trip: _____
- 4. Destination: _____
- 5. Departure Time:
(Leaving Bldg.) _____
- 6. Return Time:
(Return to Bldg.) _____

7. Guidelines:

a. Proof of Liability Insurance:

I have filed with the Port Townsend School District Business Office a copy of a policy declaration sheet from my insurance company showing that I carry a minimum auto liability per occurrence of \$100,000.00, an aggregate combined single limit of liability of \$300,000.00, \$50,000.00 in property damage, and uninsured motorist coverage as required by state law or school board policy, whichever is greater.

b. Age:

I certify that I am at least 25 years of age, or if I am between 21 and 25 years of age, that I have the approval to drive from the Manager of Fiscal Services as noted below.

c. Driving Record:

I verify that my personal driving record reflects no citations other than minor traffic violations and my license has not been revoked or suspended in the last five years. I will provide a copy of my current driver's license to the Port Townsend School District Business Office.

d. Speed Limits:

I will abide by all posted speed limits on this trip.

e. Use of Tobacco, Alcohol, Other Substances:

- 1) I will not smoke nor will I allow anyone to smoke in the vehicle on this trip.
- 2) During the 12 hours preceding this trip and between the time of departure and return, I will not consume alcohol or any other substance that could adversely and negatively affect my driving ability.

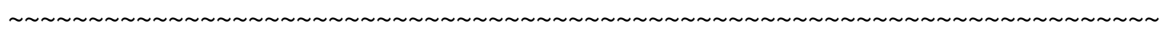
8. I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

By my signature I agree to the above guidelines:

NAME: _____

ADDRESS: _____

PHONE: _____



If between 21 and 25 years of age:

Approved by Amy Khile, Manager of Fiscal Services

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Approved: 9/24/2001