



Brinnon School District

46 Schoolhouse Rd.
Brinnon, WA 98320
Phone: (360) 796-4646/ Fax: (360) 796-4113

USE OF PERSONAL VEHICLE

School District Employees and/or volunteers who use their personal automobiles for district business must complete this form and provide it to their Administrator. Employees and/or volunteers 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 Administrator 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

NAME: _____

POSITION (i.e. teacher, custodian, coach, volunteer): _____

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

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Please respond to each item with a YES or NO answer.

YES/NO

_____ I am older than 21 years of age.

_____ I have a valid Washington State driver's license.

License #: _____ Exp. Date: _____
(attach a copy of your current drivers license)

_____ 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 (attach a copy of your policy showing coverage limits).

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

Please respond to each item with a YES or NO answer.

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.

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 Driver

Date

ADMINISTRATIVE REVIEW

_____ If the above is an employee and 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 driver and vehicle are approved for driving personal vehicle on district business or for a field trip.

Signature of Administrator/Designee

Date