



VOLUNTEER DRIVER FORM RIVERVIEW SCHOOL DISTRICT

This form and submittals need to be completed by any person volunteering to drive students, other than their own, to district-approved events.

Volunteer Driver Information

Name (Last, First and Middle): _____
 Birthdate: _____
 Address: _____ Cell #: _____
 Name(s) of your student(s): _____
 Riverview District Employee: Yes No Email Address: _____
 Volunteer Paperwork on file with district? Yes No *If "no," please submit with this paperwork.*
 Last 4 Digits of Social Security Number (for district to request Driving Record online): _____

Club/Organization/Sport Information

Name of School(s): _____
 Name of Club(s), Sport(s), or Organization(s): _____
 Name of Teacher(s), Adviser(s), or Coach(es) of Club(s): _____

Vehicle Information

Make: _____ Model: _____ Year: _____

Please Confirm by Checking each Box:

- Driver is 25 years or older.
- The owner of the vehicle acknowledges that in the event of an accident, his/her insurance will provide the first layer of coverage.
- Driver understands by providing this information that the Riverview School District will complete a WSP background check and will also request a Driving Record Request form through the DOL.
- Current vehicle registration through _____ (date).
- The vehicle used to transport students meets the following safety requirements:
 - There is a working seat belt for the driver and all passengers.
 - My vehicle's brakes, including emergency brakes, are in good working condition.
 - Vehicles tires have legal tread depth (3/32").
 - All lights including turn signals are in good working order.
 - Windows are clear of obstructions and all mirrors are in good working order.
 - My vehicle has no other physical or mechanical defects that would interfere with the safety of the driver and passengers.
 - My vehicle has a rated capacity of ten passengers or less.
 - Owner carries a minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage.

Required Documentation to Submit (please attach)

To be submitted, reviewed, and approved PRIOR to the volunteer transporting district students, please follow these steps:

1. Complete the **volunteer paperwork** (separate packet) at <http://www.riverview.wednet.edu/parents/volunteer/default.aspx>.
2. Attach a Copy of Current Auto Insurance Card (completely readable, please).
3. Attach a readable copy of your Driver's License.
4. Return **completed** packets to the coach, advisor, or teacher for whom you are volunteering.

*Signature: _____ Date: _____

*Signature indicates that all information supplied above is true and accurate and also gives permission to the RSD to obtain the most current Driving Record Request from the Department of Licensing to meet the risk management requirement as a volunteer driver.

For District Use ONLY:

<input type="checkbox"/> Driver request form/signature	<input type="checkbox"/> Complete Volunteer Packet	<input type="checkbox"/> Incomplete and/or Missing Files
<input type="checkbox"/> Copy of Driver's License	<input type="checkbox"/> Copy of Insurance Card	

Volunteer Driver: Approved Denied

If denied, state reason: _____

***District Administrator Signature:** _____ **Date:** _____