



# Volunteer Driver Checklist

Supplement to Form 1117

**Vehicle Inspection: Please indicate Yes or No on each blank. All No answers must have a written response attached to this form.**

- \_\_\_\_\_ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by everyone in the vehicle.
- \_\_\_\_\_ I agree to transport any child who is less than 8 years of age or less than 4'9" in a child passenger restraint system that meets Federal Motor Vehicle Safety Standards.
- \_\_\_\_\_ If my vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.
- \_\_\_\_\_ My vehicle's brakes, including the emergency brake, are in good working order.
- \_\_\_\_\_ My vehicle's tires have a 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.

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.

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Signature of Volunteer Driver

Date

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**Administrative Review: Please indicate Yes or No on each blank.**

- \_\_\_\_\_ This volunteer driver has an acceptable driving abstract, if one was required.
- \_\_\_\_\_ This volunteer driver has been approved through the district volunteer process.
- \_\_\_\_\_ 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 trip.

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Signature of Administrator or Designee

School

Date

**Please return completed form to your school office.**