

DRIVER AUTHORIZATION FORM

Name of driver _____ Date _____

School _____ Employee Volunteer who has completed the volunteer application

Phone number we can contact you when traveling _____

TO BE COMPLETED BY THE DRIVER

I have a valid Washington State driver's license and am over 21 (attach a copy of driver's license). Yes No

In order to drive a Bellingham Public Schools vehicle, a leased vehicle or my personal vehicle to transport district students to school events, activities or fieldtrips, I agree to allow BPS to request a Driving Record from the Department of Licensing. Yes No

In the past three years, I have been free of accidents, DUI's or moving violations. Yes No
If no, please explain: _____

I agree to obey all traffic laws including refraining from use of cell phones while driving and I agree to require all occupants to wear seat belts while the vehicle is in motion. Yes No

I assure that I have no health condition that would impair my ability to safely operate a vehicle. Yes No

I am willing to drive my own vehicle if needed. If yes, complete the following section. Yes No

TO BE COMPLETED IF DRIVING YOUR OWN VEHICLE

I understand that to drive my personal vehicle to transport district students, Bellingham Public Schools requires proof of insurance and that a) my individual/personal auto policy will be the primary coverage in the event of liability arising out of this activity, b) the district's coverage may or may not respond, and in any case, would only cover excess liability over my policy limits, and c) the district's insurance will not respond to damage to my vehicle under any circumstances (attach a copy of your Washington Insurance Card). Yes No

I have insurance and will maintain automobile insurance with minimum amounts of \$100,000 per person/\$300,000 per occurrence bodily injury and \$100,000 property damage or a \$300,000 combined single limit liability. Yes No

My automobile is in good working order and has operable seat belts for all passengers. Yes No

Driver: I declare under penalty of perjury that the information provided above is true and accurate to the best of my knowledge. I will advise the school administrator, before transporting students, if any of the information above changes (including receiving moving violations, insurance coverage, and health condition).

Signature of Driver _____ Date _____

TO BE COMPLETED BY BELLINGHAM PUBLIC SCHOOLS

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|--|---|---|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Driving Record | <input type="checkbox"/> WA Driver's License |
| <input type="checkbox"/> Auto Insurance Card | <input type="checkbox"/> Training | <input type="checkbox"/> First Aid if available |

School Administrator/Designee: I have reviewed the above applicant and all the requirements have been completed.

Signature of School Administrator/Designee _____ Date _____