



Since 1983

SWAN SCHOOL

Creative Independent Education

2017-2018 VOLUNTEER DRIVER FORM and BACKGROUND CHECK PERMISSION

Name of Driver: _____

Driver's License No: _____

Birthdate: _____

Guidelines:

Proof of Liability Insurance: I have filed with the school office a copy of my latest proof of insurance form from my insurance carrier showing that I carry at least the minimum amount of liability insurance required by the State of Washington on the vehicle I'll be driving.

Age: I certify that I am at least 25 years old.

Driving Record: I verify that my personal driving record reflects no citations other than minor violations, as defined by the State of Washington, (i.e. non-moving violations, speeding infractions of fewer than 15 mph, etc), that my license has not been revoked or suspended in the past five years.

Speed Limits: I will abide by all posted speed limits on all trips.

Cell Phone Use: In accordance with Washington State law, I will refrain from speaking or texting on my cell phone while operating the vehicle.

Use of Tobacco, Alcohol, and other Substances: I will not smoke nor will I allow anyone to smoke in the vehicle during all trips. During the 12 hours preceding trips and between the time of departure and return, I will not consume alcohol or any other substance that could adversely affect my driving ability.

By signing below I declare under penalty of perjury that (1) I will not use alcohol or drugs including prescription or over the counter drugs that may impair my driving ability within 12 hours of driving for any school function such as driving on field trips or other transportation of students on behalf of the school; (2) that I will abide by the Swan School field trip policy; (3) that all driving information I have provided to Swan School is true and accurate; and (4) that I meet all qualifications for driving that are contained in the rules.

BACKGROUND CHECK PERMISSION

I give Swan School permission to conduct a background check on me for the purpose of reviewing any criminal history conviction records for the State of Washington. I understand the results of this check will be confidential.

Signature _____ Date _____