



**Driving a Personal Vehicle with a School District trailer**

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 PURPOSE OF TRIP: \_\_\_\_\_  
 DATE OF TRIP: \_\_\_\_\_  
 TRIP IS TO: \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 NAME OF DRIVER (print): \_\_\_\_\_  
 VEHICLE YEAR/MAKE/MODEL: \_\_\_\_\_ LIC #: \_\_\_\_\_

Please respond to each item with a **yes or no** answer.

**YES/NO**

- \_\_\_\_\_ I am a current approved volunteer or a current staff of Sumner School District.
- \_\_\_\_\_ I am a current First Aid/CPR certificate holder.
- \_\_\_\_\_ I have had no vehicle moving violations or at-fault accidents within the last three years.  
If you have had any, please list:  
\_\_\_\_\_ I agree to follow all applicable driving laws.
- \_\_\_\_\_ I carry minimum auto liability limits of \$300,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.  
Company: \_\_\_\_\_ Policy #: \_\_\_\_\_
- \_\_\_\_\_ I am aware that, in the event of an accident while pulling the district trailer, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.
- \_\_\_\_\_ There is a working seat belt for each passenger and the driver, and I will enforce the wearing of seat belts by all. I will not seat children under 12, or small persons in front passenger seat. I agree to use booster seats/car seats when required by Washington State law.
- \_\_\_\_\_ My vehicle's brakes are in working order; vehicle's tires have legal tread; vehicle's brake lights, turn indicators, and headlights are in good working order; vehicle's windows are clear and provide an unobstructed view for the driver; vehicle has functioning rear view mirrors (center and left side); and no other physical defects that would interfere with the safety of the driver or passengers.
- \_\_\_\_\_ My vehicle has a rated capacity of ten passengers or less.
- \_\_\_\_\_ My vehicle has the wiring harness/connector for the trailer (with or without an adapter) and the lights are connected and in working condition.
- \_\_\_\_\_ Demonstrated ability to back and turn corner while trailer connected to personal vehicle.

The above information is true and accurate to the best of my knowledge. I will provide a copy of my driving abstract from the Washington State Department of Licensing (required yearly).

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

**ADMINISTRATIVE REVIEW**

- \_\_\_\_\_ Has the driver provided a driving abstract (three-year comprehensive record) from the Department of Licensing.
- \_\_\_\_\_ Is the volunteer a current school year approved volunteer or a current District staff member.
- \_\_\_\_\_ All "NO" responses have been addressed satisfactorily.
- \_\_\_\_\_ I have reviewed the above information and this driver and vehicle are approved for this trip.

\_\_\_\_\_  
Signature of Administrator/Designee

\_\_\_\_\_  
Date