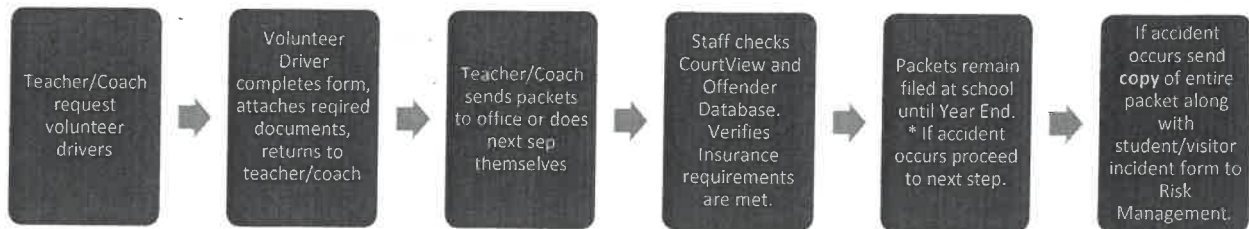


# VOLUNTEER DRIVER PROCESS

## THE PROCESS



## DRIVER/VEHICLE QUALIFICATION

- 21 Years of age or older with a current and valid driver's license
- No DUI convictions in past 3 years and no DUI cases in progress
- Not registered as sex offender or child kidnapper
- Auto liability insurance coverage equal or greater than:
  - Bodily Injury: \$100,000 per person and \$300,000 per event
  - Property damage: \$25,000
- Operational seat belts for every seat
- Vehicle must be registered to the licensed driver, rental cars are not approved.

## PROHIBITED ACTIVITIES WHILE DRIVING

- No firearms or weapons on the driver's person or anywhere in the vehicle
- No cellphone use of any type unless vehicle is parked
- Not under the influence of alcohol, illegal drugs, or legal (prescription or over-the-counter) drugs which may impair.
- No use of tobacco or tobacco products by the driver or any vehicle occupants. Tobacco products must also not be visible to children.
- No transporting of a lone child who is not the driver's dependent.

## DOCUMENTATION

- ASD Volunteer Driver Form-**DO NOT PRINT ON COLORED PAPER** as it makes the form unusable for digital transmission or storage.
- Copy of the drivers current driver's license
- Copy of the driver's insurance document that shows coverage limits (also known as a declarations page. An insurance card is NOT the same.
- Copy of the current vehicle registration for the vehicle to be driven.

Teacher: \_\_\_\_\_

Child: \_\_\_\_\_



**Anchorage School District**  
Educating All Students for Success in Life

## VOLUNTEER DRIVER FORM

In completing this form one week prior to the first field trip, I am volunteering to provide pupil transportation on an individual basis for school sponsored programs, i.e., field trips, etc., at \_\_\_\_\_ School for the \_\_\_\_\_ school year.

**I understand and agree as shown by my initials below that each of the following conditions are met:**

- \_\_\_\_\_ I am at least 21 years of age and have a current and valid driver license (**attach** copy).
- \_\_\_\_\_ I maintain auto liability insurance in the **minimum** amount of \$100,000/\$300,000 bodily injury and \$25,000 property damage and will maintain such coverage throughout the school year (proof of insurance showing the limits **attached**).
- \_\_\_\_\_ I maintain a current vehicle registration (copy **attached**).
- \_\_\_\_\_ The vehicle is equipped with operational seat belts.
- \_\_\_\_\_ I have no DUI convictions within the past 3 years and no pending DUI cases.
- \_\_\_\_\_ I am not a registered sex offender or registered child kidnapper.

**While driving students, I understand and agree to abide by the following rules:**

- \_\_\_\_\_ I will have no firearm or weapon on my person or in the vehicle while transporting students.
- \_\_\_\_\_ I will not utilize a cell phone for any reason while the vehicle is in motion.
- \_\_\_\_\_ I will not be under the influence of, or have on my person or within the vehicle, any level of alcohol or drugs. I will not be under the influence of any medication that may impair my ability to operate the vehicle safely.
- \_\_\_\_\_ I will not smoke, use tobacco products, or permit smoking or use of tobacco products while driving students. No tobacco products will be visible to students.
- \_\_\_\_\_ I will notify the school immediately if there is a vehicle delay or accident.
- \_\_\_\_\_ I will not transport a lone student who is not a family member.
- \_\_\_\_\_ I will insure that all occupants are wearing a seat belt at all times whenever they are in the vehicle.
- \_\_\_\_\_ I will use a booster seat for students under age eight (8), unless the child has reached four foot-nine inches (4' 9") in height. (If a booster seat is required, the child's parent will provide it.)
- \_\_\_\_\_ I will not allow any student 12 years of age or under to ride in the front passenger seat.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

**ASD Use Only-Please initial boxes upon verification, print, sign and date.**

☐ SOA Courtview

☐ SOA Sex Offender Reg

☐ Insurance Limits met

Verifiers Printed Name \_\_\_\_\_ Verifiers Signature \_\_\_\_\_ Date \_\_\_\_\_