



<b>Driver Requirements</b>		<b>To be initialed and/or boxes "checked" by the volunteer driver applicant</b>	<b>To be initialed/ "checked" by a District employee after the item is completed.</b>
<b>Operator's License</b>	The proposed driver possesses a valid operator's license issued by Wisconsin, another state, or any valid alternative jurisdiction as identified in statute 340.01(41m) or statute 121.555(2) (c) 1.	_____	
	<u>Documentation:</u> Photocopy of current license		<input type="checkbox"/> _____
<b>Age</b>	The proposed driver is at least 18 years old.	_____	
	<u>Documentation:</u> Photocopy of current license		<input type="checkbox"/> _____
<b>Physical Capabilities</b>	The proposed driver has sufficient use of both hands and the foot that is normally employed to operate the brake and accelerator OR a waiver of these requirements has been substantiated by an examination conducted by the Department of Transportation.	_____ <input type="checkbox"/> no waiver needed <input type="checkbox"/> with waiver	
	<u>Documentation:</u> Verification of DOT examination/waiver ( <i>applicable only if the applicant is relying on a waiver</i> )		<input type="checkbox"/> _____ <input type="checkbox"/> n/a
<b>Medical Certification and Mandatory Medical Opinion</b>	By initialing the box to the immediate right, the proposed driver affirmatively states and represents to the School District that <u>he/she has no knowledge or concern that he/she is afflicted with, or suffering from, any mental or physical disability, condition, or disease that would prevent the individual from exercising reasonable control over a motor vehicle.</u> If the driver later determines that he/she may have such a disability, condition, or disease, he/she agrees to immediately inform the District so that the District can determine whether he/she may continue to provide transportation for students.	_____	
	<u>Documentation:</u> A medical opinion is on file that is consistent with the underlined portion of the statement in the box above; issued within the past three years.		<input type="checkbox"/> _____ Date of opinion: _____
<b>DPI-approved Background Form for Alternative Vehicle Drivers</b>	The proposed driver has completed and returned a signed copy of the DPI-approved background form for alternative vehicle drivers	_____	
	<u>Documentation:</u> Completed original of the DPI-approved Background Form		_____
<b>Criminal Background Check Conducted by the School District</b>	<u>Documentation:</u> Within the last four years, and prior to being initially approved to provide student transportation, the District has obtained a copy of the individual's criminal history report from the Crime Information Bureau of the Wisconsin Department of Justice, and all results are acceptable; OR The individual currently holds a valid school bus driver's endorsement issued by the Wis. Dept. of Transportation.		<input type="checkbox"/> _____ Date of report: ____/____/____  <input type="checkbox"/> _____

<b>Immediate Reporting of Specific Incidents Occurring while Performing Employment-Related Duties</b>	<p>By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized by the District to provide student transportation services, the individual must report to the school district, in writing and as soon as practicable after the occurrence of the incident (i.e., immediately), the following:</p> <ul style="list-style-type: none"> <li>Any motor vehicle accident in which the individual was involved as the operator of a motor vehicle that occurs when the individual <u>is</u> performing any job-related duty</li> </ul>	<hr/>	
<b>Reporting of Any Accident/Citation/Injury and Any Suspension or Loss of Operating Privileges; or Loss of Eligibility for School Bus Endorsement</b>	<p>By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized by the District to provide student transportation services, the individual must report to the school district, in writing and within 10 days of the occurrence of the incident:</p> <p>(1) any motor vehicle accident in which the individual was involved as the operator of a motor vehicle that occurs when the individual is <u>not</u> acting within the scope of his/her employment;</p> <p>(2) any conviction or operating privilege revocation that makes the person ineligible to transport students under sec. 121.555(1) of the state statutes (see the list attached to the DPI Driver Background Form); and</p> <p>(3) any suspension or revocation of the individual’s operating privileges or any cancellation of a school bus endorsement by any jurisdiction.</p>	<hr/>	
<b>Written Contract Requirement</b>		<b>To be initialed and/or boxes “checked” by the volunteer driver applicant</b>	<b>To be initialed/ “checked” by a District employee after the item is completed.</b>
<b>Contract Requirement</b>	<p><b><u>Documentation:</u></b></p> <p>State law requires the owner of any privately owned vehicle used to transport students <u>for compensation</u> to be under written contract with the school board.</p> <p><b>A written contract approved by the District for this purpose has been executed between the District and the employee-applicant.</b></p> <p><b>OR</b></p> <p><b>The written contract will be executed only if the District first determines that all other eligibility requirements have been met and administrative authorization to serve as a vehicle driver is granted (see the bottom of page 1 of this checklist/authorization form).</b></p>		<input type="checkbox"/> _____ <i>Date of contract:</i> ____/____/____  <input type="checkbox"/> _____

<b>Vehicle Requirements</b>		To be initialed and/or boxes "checked" by the volunteer driver applicant	To be initialed/ "checked" by a District employee after the item is completed.
<b>Vehicle Size/Type Limitations</b>	By initialing the box to the immediate right, the proposed driver affirmatively states and represents to the School District that the vehicle that will be used to transport students is the vehicle identified on this form (above), and that the vehicle (1) is manufactured to accommodate no more than ten passengers, including the driver; (2) has a sufficient number of permanently-mounted and forward-facing seats for each passenger; (3) was manufactured within the last 20 model years; and (4) is not a homemade, street modified, or replica vehicle.	_____	
<b>Safety Requirements</b>	By initialing the box to the immediate right, the proposed driver agrees that all passengers present in a vehicle being used to transport students will use a seat belt, and that the driver will ensure he/she observes all age/weight/height requirements that apply to use of vehicle restraints, car seats, booster seats, and passenger location (i.e., all front seat passengers must be eligible to ride in that location).	_____	
<b>Vehicle Inspection</b>	<p>The vehicle was inspected within the last 12 months by a certified mechanic, and successfully passed the inspection.</p> <p><i>NOTE: The inspection should be completed by a certified mechanic and check for compliance with section 110.075 and ch. 347 of the statutes, as well as Ch. Trans 305 of the Wisconsin Administrative Code. The District will pay a reasonable fee for the inspection, if the amount of the fee is approved by the District in advance of the inspection.</i></p>	_____	
	<p><u>Documentation:</u> A copy of a record from the mechanic that confirms that the vehicle passed the inspection and that identifies the date of the inspection.</p> <p><i>NOTE: If the inspection report called for the making of any repairs, there must be documentation that the repairs were completed.</i></p>		<input type="checkbox"/> _____  <i>Date of inspection:</i> ___/___/___
<b>Vehicle Insurance Requirements</b>		To be initialed and/or boxes "checked" by the volunteer driver applicant	To be initialed/ "checked" by a District employee after the item is completed.
<b>Minimum insurance coverage to be maintained on the vehicle</b>  (These insurance amounts exceed state law minimums)	<ul style="list-style-type: none"> <li>• \$100,000 property damage coverage;</li> <li>• \$100,000 bodily injury liability coverage per person;</li> <li>• Subject to the individual limitation, \$300,000 total bodily liability coverage per accident; and</li> </ul> Uninsured and underinsured motorist coverage of \$100,000 per person, and \$300,000 per accident.	_____	

	<p><b>Documentation:</b> A copy of the declarations page of the insurance policy and a record indicating the expiration/renewal date of the current policy.</p> <p><i>NOTE: If the driver's personal vehicle insurance policy is below the amounts specified above, but in excess of the state law minimum requirements, the District Administrator may, after consulting directly with the school district's liability insurer, consider the applicability of any secondary liability coverage that may be available and applied to the vehicle in question.</i></p>		<input type="checkbox"/> _____  <i>Date Insurance Policy Expires:</i> ____/____/____
<p><b>Driver will maintain insurance coverage; Driver's personal car insurance is primary coverage</b></p>	<p><b>By initialing the box to the immediate right, the proposed driver affirmatively agrees that he/she will maintain the above-represented insurance amounts in effect at all times while authorized to transport students as a school district employee. In addition, the proposed driver understands that, in the event of any accident or claim, his/her personal vehicle insurance policy will be considered primary insurance.</b></p>	_____	