

ALTERNATIVE DRIVER/VEHICLE AUTHORIZATION CHECKLIST
(Volunteer driver using a privately owned vehicle for no compensation)

1. Name of Driver-Applicant:

First Name Middle Name Last Name

By checking this box and affixing my signature on the line below, I indicate that I understand and agree that it is my responsibility to provide truthful and complete information to the School District in respect to any material facts on this form, and in connection with any other forms, statements, or records that may be submitted in support of my application for authorization to serve as a volunteer driver of students. I understand and agree that the school district will be using and relying on the information that I provide to determine whether I will be authorized to transport students in a volunteer capacity.

Signature of Driver-Applicant Date

2. Current Address of the Driver-Applicant:

Street Address City State Zip Code From (date) _____ to present.

3. Vehicle Information (for the vehicle in which students will be transported):

Make Model Model Year License Plate # Maximum Seating

THE REMAINDER OF THIS PAGE (BELOW) IS TO BE COMPLETED BY THE SCHOOL DISTRICT:

1. The above-identified individual is seeking authorization as a volunteer alternative vehicle driver, without compensation, and _____ (name of school Administrator) issued preliminary approval for the applicable transportation plan on _____ (mm/dd/yyyy).
2. Identify the name and job title of the District employee who is responsible for reviewing the "checklist" items that begin on the next page. The employee is responsible for reviewing and evaluating the completeness and acceptability of (1) the applicant's response to each item, and (2) each piece of supporting documentation.

Employee Name Job Title

FORMAL ADMINISTRATOR APPROVAL AND AUTHORIZATION:

The District has reviewed this application, found it to be complete and acceptable, and authorizes the above-named applicant to serve as a volunteer alternative vehicle driver for the following events/dates:

Administrator's Signature and Title: _____ Date: _____

Driver Requirements		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.
Operator’s License	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"/> _____
Age	The proposed driver is at least 18 years old.	_____	
	<u>Documentation:</u> Photocopy of current license		<input type="checkbox"/> _____
Physical Capabilities	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
Other Medical Issues	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 that he/she is no longer able to provide transportation for students.	_____	
DPI-approved Background Form for Alternative Vehicle Drivers	The proposed driver has completed and returned a signed copy of the DPI-approved background form for alternative vehicle drivers (on the form, substitute “school district” where the form says “employer”)	_____	
	<u>Documentation:</u> Completed original of the DPI-approved Background Form		_____
Reporting of Any Accident/Citation/Injury	By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized to serve as a volunteer driver, he/she will immediately report to the school district any accident involving the driver’s vehicle.	_____	
Reporting of Any Suspension or loss of operating privileges; or loss of eligibility for school bus endorsement	By initialing the box to the immediate right, the proposed driver agrees that during any time period that he/she is authorized to serve as a volunteer driver, he/she will cease driving students and immediately report to the school district any suspension, cancellation, or revocation (in any jurisdiction) of his/her operating privileges or his/her school bus endorsement (if one is held).	_____	

Criminal Background Check Conducted by the School District	<u>Documentation:</u> 1. Completed District volunteer criminal background check form. 2. Results from criminal background check received; all results are acceptable and the report is not more than four years old.		<input type="checkbox"/> _____ <input type="checkbox"/> _____ Date of report: ____/____/____
Vehicle Requirements		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.
Vehicle Size/Type Limitations	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.	_____	
Vehicle Inspection	The vehicle was inspected within the last 12 months by a certified mechanic, and successfully passed the inspection. NOTE: The inspection should be an inspection designed to 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.	_____	
	<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. NOTE: If the inspection report called for the making of any repairs, there must be documentation that the repairs were completed.		<input type="checkbox"/> _____ Date of Inspection: ____/____/____

Vehicle Insurance Requirements		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.
Minimum insurance coverage to be maintained on the vehicle	<ul style="list-style-type: none"> • \$100,000 property damage coverage; • \$100,000 bodily injury liability coverage per person; • Subject to the individual limitation, \$300,000 total bodily liability coverage per accident; and • Uninsured and underinsured motorist coverage of \$100,000 per person, and \$300,000 per accident. 	_____	
	<p><u>Documentation:</u> 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"/> _____ Date Insurance Policy Expires: ____/____/____
Driver will maintain insurance coverage; Driver's personal car insurance is primary coverage	By initialing the box to the immediate right, the proposed driver agrees that he/she will maintain the above-represented insurance amounts in effect at all times while transporting students as a volunteer driver. 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.	_____	