

Employee/Volunteer Driver Checklist

Trip Information:

Date submitted: _____
 Purpose _____
 School _____
 Date of Trip _____
 Trip destination _____
 Trip start location _____
 Total # of passengers _____
 Total # of students _____

Driver Screening/Insurance Requirements:

Driver Name	
Year/Make/Model of vehicle to be used	
License #	
Expiration date of license	

Please respond to the following questions with a "Yes" or "No" answer:

Yes/No*?	
	I am older than 21 years of age.
	I have a valid Vermont State driver's license. Please attach copy.
	I have had no vehicle moving violations or at-fault accidents within the last 3 years.
	I have never been convicted of any crimes against children or other persons.
	I carry auto liability limits of at least \$100,000 per person / \$300,000 per accident (bodily injury) & \$50,000(property damage) or \$300,000 combined single limit. Please attach Certificate of Insurance.
	I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and that insurance coverage will be primary.
	I agree to report to the school principal (or designee) any and all accidents, regardless of scope, that I am involved in while transporting district staff, volunteers or students.



Vehicle Inspection:

Please respond to the following questions with a "Yes" or "No" answer:

Yes/No?	
	There is a working seatbelt for the driver and each passenger, and I will enforce the wearing of seat belts by all occupants.
	My vehicle's brakes, including the emergency brake, are in good working order.
	My vehicle's tires have legal tread depth (at least 3/32").
	My vehicle's brake lights, turn indicators, and headlights are in good working order.
	My vehicle's windows are clear and provide an unobstructed view for the driver.
	My vehicle has functioning rear view mirrors (center and left side).
	My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
	My vehicle has a rated capacity of ten passengers or less.
	If my vehicle has dual airbags, I will not seat children under the age of 12, or smaller individuals in the front passenger seat.
	I agree to use booster seats as applicable. (Under the age of 8)
	I agree to not smoke while transporting students

Please detail any "No" answers:

To the best of my knowledge, the information provided on this form is both true and accurate.

Signature of Employee/Volunteer Driver

Date

Administrative Review:

	All appropriate background checks have been performed and reviewed.
	All students have parental permission to ride with the employee/volunteer driver.
	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 School Administrator/Designee

Date



Employee/Volunteer Usage of Personal Vehicles for School Activities

A number of Members have recently inquired about how the Multi-Line program addresses the above issue. The following is a brief synopsis of the issues involved and how the VSBIT program responds to these issues.

Title 16 V.S.A. § 1756 “requires school districts to indemnify and save harmless any person employed by the school district from financial loss and expenses arising out of any claim or litigation alleging negligence or other act resulting in accidental injury or damage to property, provided that the employee was acting within the scope of his/her employment”.

The VSBIT Multi-Line Program provides coverage for this statutory liability (*including auto*), subject to the policy’s coverage and conditions.

“Volunteers”, as defined in the coverage documents, although not addressed by § 1756 are also covered by the VSBIT Multi-Line Program, but only while acting at the direction of the supervisory union/school district (SU/SD) and within the scope of their duties.

It is important to note that the statutory requirement of § 1756, and resulting VSBIT coverage, apply only to third party claims and not to damage of the employee’s property (i.e. their personal auto).

Given the absence of this physical damage protection, we recommend that consideration be given to the following:

The reduction or elimination of the use of employee/volunteer-owned and operated vehicles for school-related purposes.

To the degree it is necessary to continue to utilize personal vehicles for school-related activities, each supervisory union/school district should:

1) Obtain a certificate of insurance from each employee/volunteer showing Personal Auto Coverage of at least:

\$100,000 per person / \$300,000 per accident (bodily injury) & \$50,000 (property damage) or \$300,000 combined single limit

2) Obtain a copy of each employee’s/volunteer’s valid driver’s license.

3) Consider developing an agreement with employees/volunteers to address the responsibility for physical damage coverage of their vehicles, including deductibles and/or any added premium costs.

If you have any questions regarding this issue please do not hesitate to contact us.

I acknowledge that I have received and/or read a copy of the SU/SD’s Vehicle Use Policy and I understand the contents and agree to comply with the policy. I currently possess a valid Vermont driver’s license or commercial driver’s license and will immediately notify my supervisor if my driver’s license is restricted, suspended, revoked, or expires. I understand that the SU/SD may request my driving record from the Department of Transportation. If operating a personal vehicle on SU/SD business, I will maintain automobile liability insurance coverage on the motor vehicle.

Signed

Date