

Woodland Park School District Re-2
DRIVERS PRE APPROVAL
FOR SCHOOL SPONSORED ACTIVITIES

This form must be completed for **prior approval of transporting students**. Once prior approval is made additional forms will be required in order to transport students in district owned vehicles. WPSDRe-2 discourages staff/employees to transport students in personally owned vehicles, always check availability of scheduling a district owned vehicle for your activity. **High school students should not drive other students on school sponsored trips.** All forms and procedures are located on the District shared Q drive under District drivers folder.

Background checks are Required on Parent and Staff Volunteer Drivers for WPSDRe-2 schools. Please complete all information on page 2 of this form. If you are a Volunteer Coach additional forms with HR may be required in addition to this pre-approval form. In order to comply with WPSDRe-2 guidelines concerning transportation of students by Staff members, and Or Parent/Guardian Volunteers shall meet the following qualifications:

(Check those that apply)

- | | | |
|-----|----|---|
| YES | NO | I possess a valid Colorado Driver's License, and will provide a copy to the District. |
| YES | NO | I am 21 years of age or older. |
| YES | NO | I am a Parent/Guardian Volunteer. |
| YES | NO | The personal vehicle I am driving is covered by liability insurance in an amount sufficient to comply with Colorado law, and I will provide a copy of my personal insurance to the District. |
| YES | NO | The personal vehicle I am driving is currently registered, and I will provide a copy of my vehicle registration to the District. |
| YES | NO | I am either the owner of the personal vehicle, or I am an authorized driver of the personal vehicle. |
| YES | NO | I am currently employed with WPSDRe-2. |
| YES | NO | Staff Only -I have received and/or will visit the District shared Q drive to obtain additional drivers forms and review procedures required to transport students in district owned vehicles. (Only WPSDRe-2 Staff/employees are authorized to operate district owned vehicles) |

Driver's Name: _____ Date: _____

If employed with WPSDRe-2 please list position: _____

Sport/Activity: _____ School: _____

Date(s) of Activity: _____ Activity Destination: _____

Sport/Activity: _____ School: _____

Date(s) of Activity: _____ Activity Destination: _____

Requesting approval of Various Trips /**OR** Requesting approval of a One Time Trip

Admin. Printed Name: _____ Admin. Signature: _____

Approved Denied Date: _____

Information needed to complete background check:

Printed Name: _____
Last First Middle

Address: _____
Street

City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Dob: ____ - ____ - ____ Driver's License Number: _____
Expiration: Mo ____ Yr ____

I am willing to have this information used to perform a background check

Signature: _____ Date: _____

Only For Personal Vehicle

Assumption of Liability:

Personal autos driven to school activities by persons who are not district employees **ARE NOT COVERED under the District's Auto Insurance Coverage.** This means that there is no Auto Liability Insurance Coverage, no Auto Medical Payments Insurance Coverage, and no Auto Physical Damage Insurance Coverage for the personal auto or the passengers who are in the personal auto. **You, the volunteer driver, assume full financial responsibility for any loss or damage that arises out of the operation and use of your own vehicle for a school activity. Your own auto insurance will be the primary policy.** You must acknowledge that you will comply with all laws associated with operating a motor vehicle.

I have read and fully understand the above explanation of my assumption of liability.

Driver's Printed Name Driver's Signature

In case of Emergency, please contact: _____
Phone Number: _____

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