

Wayland Public Schools
41 Cochituate Road
Wayland, MA 01778

Volunteer Driver Background Check Form

Volunteer Driver Name _____

Driver's License # _____ License Expiration Date _____

PLEASE PROVIDE A COPY OF YOUR VALID DRIVER'S LICENSE

I have automobile insurance with _____

Number of passengers you can accommodate in your vehicle _____

(Each passenger must wear a seat belt.)

As a volunteer driver, I understand that I am responsible for the safety of the children in my vehicle, and I will not transport children in excess of the vehicle's safe capacity. I agree to exercise appropriate caution when driving, and I understand that the children should wear seat belts and should travel in the rear seats in accordance with the law. I also understand that the use of a cell phone should be limited to emergency situations and that I may need to pull over to use it safely.

I further understand that Wayland Public Schools maintains a supplementary insurance policy, which provides third party liability only. I further understand that this policy only provides coverage over and above my individual policy, and my signature below indicates my willingness to use my vehicle under these terms.

By signing this form and supplying the district with the information above, I agree to have a background driver's check conducted on me via the Massachusetts Registry of Motor Vehicles.

Volunteer Driver (print) _____

Signature _____

Date _____

For Official Use
Date Received _____
Processing outcome:
Approved _____
Rejected _____
Reviewed by _____
Notes: