

NORTH THURSTON PUBLIC SCHOOLS VOLUNTEER DRIVER STATEMENT

IMPORTANT: Prior to filling out this form, which you should directly submit to your school, <u>please fill out a district volunteer form online at www.nthurston.k12.wa.us/volunteer</u>. Allow two weeks for approval. You will be notified by email. You cannot drive if you are not an approved volunteer.

Please PRINT Clearly NAME:			(MANDATORY)		
NAME: First	Middle Initial	Last	DATE OF BIRTH://_ Month Day Y	'ear	
ADDRESS:		CITY:	ZIP CODE:		
PHONE: Home	Work	EMAIL	L:		
	Please prov	vide the following info	ormation:		
<u>L</u>	ISE OF PERSONAL AU NTPS S	TOMOBILE TO TRA School Board Policy (
Valid Driver's Lice	ense Number		State of		
Address of Owne Vehicle Description	er (if different than above	2)			
Auto License Ivai		a copy of your "In	nsurance I.D. Card"		
personal vehicle. I also a insurance standards, that	cknowledge and certify that t the driver of the vehicle is	at I have liability insurar s covered.	ersons/students that I am transporting in my nnce in force that meets the state minimum Building Principal Approval	\neg	
			Date		
Date.		A	Approved NTPS volunteer		
IMPORTANT NOTE:			ey, WA 98516 • 360-412-4418 Der teacher/school instructions and deadle	lines	
			on or deliberate misrepresentation, including omiss can be grounds for denial of being a volunteer driv		
also understand this time is s he type of services they are en			n Thurston Public Schools may not, as volunteers, ds Act)	perfo	
certify under penalty of perjury	according to the laws of the	state of Washington that t	the foregoing is true and correct.		
SIGNATURE:			DATE:		
Revised: 12/12/13					

ield Trip		
Date	Destination	
1	42	
ne students in this volu	ınteer's group will be:	