Mukwonago Area School District Volunteer Driver Information

Name:			
Address:	City	State	Zip Code
Driver's License Number:			
Driver's License Expiration Date:		Month L	Jaie Teur
Please attach a current Motor Vehicle Report, i	f available.		
Vehicle Information			
Make: Model:			
Year: Vehicle Ide	ntification Number:		
Vehicle License Number:			
Registered Owner:		er:/	Phone Number
Address:			
Street	City	State	Zip Cod
Insurance Information	and an experience		
Insurance Carrier:			
Insurance Agent:	Phone Number	er:/	
Address:		Area Code	Phone Number
Street	City	State	Zip Coa
Policy Number:			
Date Issued:	Expiration Date:		



Safety Checklist for Vehicles

The following are guidelines for insuring the safe operating condition of volunteers' vehicles used to transport students:

Lig	hts	Tires	Visibility Factors
O E	Be sure they are working	☐ Properly Inflated	☐ Windows
a	nd clean	☐ Tread	☐ Windshield
O F	ront Lights	☐ Spare Tire Inflated	☐ Windshield Wipers in
o R	Lear Lights	☐ Tire Jack	Working Condition
п в	rake Lights		☐ Mirrors
o D	Directional Signals	Report, if availables	ose et ach a current Mosec Vericle
Sea	at Belts (There must be	a seat belt for each scheduled ve	hicle occupant)
Yes	No		
Yes		or each scheduled vehicle occupan	t?
Yes		or each scheduled vehicle occupan	t?
0		or each scheduled vehicle occupan	t?
Ge!	Is there a seat belt formal No	bicle appear to be in a safe condition	diess:
i es	Is there a seat belt formal No	Phone value	diess:
Ge!	Is there a seat belt formal No Overall, does the ve	hicle appear to be in a safe condition victed of reckless driving, driving and substance; or any offenses enum	on?
_	No I have not been converant or of a controlled the last two year per No I have minimum lim	hicle appear to be in a safe condition victed of reckless driving, driving and substance; or any offenses enum	on? under the influence of an intoxinerated under s. 343.31, within ce (including uninsured and

Administrator's Signature

Date