

## VOLUNTEER CERTIFICATION FOR FIELD TRIP TRANSPORTATION

Michigan Department of Licensing and Regulatory Affairs  
Child Care Licensing Bureau

Group

Date of Trip

Destination

**As volunteer drivers for the above field trip, we the undersigned verify that the following information is true as it relates to our vehicles and our driving records:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | The seats in my vehicle do not face sideways. [R400.8720(7)]   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have no loose or heavy objects in my vehicle. [R400.8720(9)]   |
| <input type="checkbox"/> | <input type="checkbox"/> | My vehicle is in safe operating condition. [R400.8720(1)]  |
|                          |                          | My vehicle meets the Michigan vehicle code for safety equipment and there is a statement on file at the center. [R400.8720(4)]                   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have first aid kit in my vehicle and I am familiar with its contents. [R400.8730(1)(b), R400.8750(1)(e)]                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child who is less than 8 years old or 4'9" will ride in a properly fitting child safety seat or booster seat. [R400.8740(1)]                |
| <input type="checkbox"/> | <input type="checkbox"/> | The driver and all adult passengers will be restrained by a seat belt. [R400.8740(4)]  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am at least 18 years old. [R400.8750(1)(a)]  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a valid driver's license with no more than six points on my driving record. [R400.8750(1)(b)(c)]  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have child information cards of the children in my care. [R400.8750(3)]  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have proof of valid automobile insurance for my vehicle and a valid vehicle registration in the vehicle. [R400.8750(1)(d)]                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand there may be no smoking or vaping in my vehicle or on field trips when child care children are present. [R400.8110(13)(b)]          |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not an employee of the center and my vehicle is not owned, leased by, or registered to the center or employee of the center. [R400.8701(h)] |

*Driver's Signature*

*Date*

*Vehicle Year, Make*

*Rated Seating Capacity*


LARA is an equal opportunity employer/program.