

VOLUNTEER DRIVER AUTHORIZATION

The personal information requested on this form is being collected pursuant to the Freedom of Information and Protection of Privacy Act (FOIPP), Section 32(c). The information will be used to make a determination regarding the authorization of volunteer drivers.

School name _____ School year _____

Has your driver's license been suspended in the last three years?

YES NO If yes, date of reinstatement: _____

Have you been involved in any accidents as a driver during the last three years?

YES NO If yes, please provide details: _____

Have you been convicted of an offense under the Traffic Safety Act or for any motor vehicle-related offence under the Criminal Code during the last three years?

YES NO If yes, please provide details: _____

Initials _____

AGREEMENT

By submitting this application to become a volunteer driver for the School Board, I agree:

1. To abide by the requirements of all applicable laws at all times while I am engaged in volunteer driving.
2. To possess the proper class of license for the type and seating capacity of the vehicle that I will be operating.
3. To provide to the school principal a written report of all accidents (whether or not occurring while I am volunteer driving) which will increase the number of demerit points against my license. I also agree to report to the school principal any suspensions of my license or change in my insurance status which may occur after the date of this declaration.
4. To limit the number of passengers to the number of seat belts which are usable and to comply with the directions of teachers or agents of the School Board.
5. To undertake to maintain at all times, insurance in an amount of not less than \$1,000,000 in respect of liability or injury or death of any students who are passengers in my vehicle while I am volunteer driving, and I have advised my own insurance company before undertaking to transport students.

DECLARATION OF VOLUNTEER DRIVER

I acknowledge that, if according to my most current driver's abstract, I have six demerit points or more, I cannot become a volunteer driver. A copy of my insurance and passenger endorsement rider must be attached in order to receive approval. I understand that in case of an insurance claim (i.e., third party damage and/or personal injury), my personal automobile liability insurance applies before the School Board's insurance as described below.

Additional automobile liability insurance protection is provided under the School District's comprehensive general liability insurance policy for authorized volunteer drivers transporting students in privately-owned vehicles on an approved school activity or function. This insurance is only for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy. Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver.

Attestation:

- » That I have a minimum of five years driving experience.
- » That to the best of my knowledge, the vehicle used to transport students is in proper operating condition.

I hereby declare that I have read and understand the information contained on this form.

Volunteer Driver's Signature

Vehicle Owner's Signature

Date

Authorization to Release Driver's Abstract

Driver's Name (in full):

Date of Birth (dd/mm/yyyy):

Driver's License No.:

Expiry Date:

Home Phone:

Mobile Phone:

Driver's Address:

City:

Province:

Post Code:

Vehicle seating capacity (not counting driver):

Type of Vehicle used:

Make:

Model:

License Plate:

Name of Insurer:

Company Policy No.:

Expiry Date:

I, the undersigned, authorize release of my Driver's Abstract to the School Board and/or its Insurance Agents.

Volunteer Driver's Signature

Date

OFFICE USE ONLY

I accept the above named individual as an authorized volunteer driver for the [] school year for the purpose of:

Signature of Principal / Designate

Date