

School _____

**ADULT
VOLUNTEER DRIVER INFORMATION AND AUTHORIZATION**

Name _____ Parent Teacher Other
Surname Given

If you checked "Parent", name of your son/daughter _____

Address _____ Postal Code _____

Driver's Licence No. _____ Class (002 or better) _____

DRIVING HISTORY:

List driving restrictions _____

List any Motor Vehicle Act offenses for which you have been convicted within the last five years. _____

DRIVER'S DECLARATION

IDENTIFICATION	VEHICLE#1	VEHICLE#2	VEHICLE #3
• I will be driving a vehicle(s) owned by _____ who has given me permission to drive the vehicle for this purpose.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• The vehicle licence number is _____ and is insured for a MINIMUM of \$1,000,000 Third Party Legal Liability.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
• This vehicle has (indicate #) of operating seatbelts for students.	#	#	#

- I have a valid B.C. driver's licence.
- I agree to wear a seatbelt myself, and require all passengers to wear seatbelts in a vehicle required by law.
- I agree to operate the vehicle safely and in a legal manner.
- I have attached a photocopy of my vehicle registration/insurance and driver's licence.
- I must submit a criminal record check and a driver's abstract to the principal.
- If the vehicle to be used is equipped with an air bag on the passenger side, then no student under 13 shall travel in the front seat.
- A booster seat secured with a shoulder harness must be used when transporting students at least 18kg (40 lbs) until their 9th birthday or they reach 145 cm (4'9") tall, whichever comes first. If a shoulder harness is not available students must be secured with a lap belt only (no booster).

I hereby certify that the information given in this application and the documentation attached is correct, complete, and true in every respect. **Further, I agree to inform the school administrator of any changes to the information contained in this application during the year.**

Volunteer's Signature

Date

Phone #

OFFICE USE ONLY

Signature (School Official receiving form)

PRINCIPAL'S DECLARATION

I have reviewed this information and the attached documentation. In accordance with Regulation 1241 and my review, I:

- Authorize Do not authorize this applicant

Principal's Signature

Date

NOTE:

This information, which will be stored in a secure area, is being collected pursuant to Section 26(c) of the Freedom of Information and Protection of Privacy Act. It will be used for the Volunteer Driver Program only.